


MEDICAL MISSION QUARTERLY

Nos. I TO VIII



22500139409



Digitized by the Internet Archive
in 2021 with funding from
Wellcome Library

<https://archive.org/details/s3603id1338094>

Church Missionary Society.

MEDICAL MISSION

AUXILIARY FUND.

Honorary Secretary of Committee,

HERBERT LANKESTER, ESQ., M.D.,

1, Elm Park Gardens, London, S.W.

OCCASIONAL PAPER, No. 1.

LONDON.

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

EDITORIAL NOTE.

Reprinted from "C. M. Intelligencer," June, 1892.

The Medical Mission Auxiliary has entered hopefully on its career. Several meetings have been held, attended by members of its Committee, Dr. Martyn Clark, and others. Dr. Downes' address at Eastbourne will be read with interest. The Committee of the Auxiliary desire to see Associations started in various centres for collecting funds; they have issued a missionary-box with a label of an original design; and it is intended to publish from time to time an occasional paper to represent the needs of the work. They especially hope to assist in obtaining recruits from among the ranks of medical students. The Society's list of twenty-seven names of medical missionaries requires considerable enlargement, although it is probable that the C.M.S. now stands first among British Missionary Societies in the number of its missionaries of this description. *The Medical Missions at Home and Abroad* for January gave the numbers then of medical missionaries holding British degrees or diplomas as:—Free Church of Scotland, 25; C.M.S., 24; L.M.S., 16; Presbyterian Church of England, 13; United Presbyterian Church of Scotland, 10; Church of Scotland, 8; China Inland Mission, 8; I.F.N.S., 5; Baptist Missionary Society, 5; Wesleyan Missionary Society, 4; S.P.G., 3; &c.

WELLCOME INSTITUTE LIBRARY	
Coll.	WelMOMec
Coll.	
No.	

C.M.S. MEDICAL MISSIONS.

APPEAL OF THE MEDICAL MISSION AUXILIARY FUND COMMITTEE.

IT is now over 40 years since the Rev. W. Welton opened a dispensary at Fuh Chow, and thus became the first medical missionary of the Society. Since that time some twenty other Medical Missions have been established, several of these having branch hospitals and dispensaries in the neighbouring districts. These Mission stations are mostly in China and the Punjab, including Kashmir and the Mission to the Beloochis at Dera Ghazi Khan; but others have been established in Persia, Syria, and Egypt, East and West Africa, and North-West America; and all are doing good work in the spread of the Gospel. In November and December last the General Committee passed a series of Resolutions with regard to the Medical Missions and Missionaries of the Society, and it was decided, amongst other things, to open a Medical Mission Auxiliary Fund, and to appoint a Medical Mission Auxiliary Committee, by the desire of which Committee this appeal is issued.

The medical missionaries of the Society are primarily evangelists, but they use their medical and surgical knowledge in order to gain a more ready entrance into the hearts and homes of the people.

The General Funds of the Society provide all the salaries, and will continue to do so. Annual grants, averaging about £100, have also been made towards the medical expenses of each Mission, *i.e.* rent of hospitals and dispensaries, servants, itinerating, drugs, instruments, and other surgical appliances. This sum is but a grant in aid of the work, and the missionaries have to collect the balance, which must in some cases amount to several hundred pounds. The Society feels very strongly,

that while it looks to the medical missionary to do his utmost to raise funds on the spot, yet that he ought not to have to appeal, as is now so often the case, to friends at a distance.

Medical Missions are, and always must be, expensive adjuncts to the work, but the Society fully appreciates their immense value in furthering the spread of the Gospel, and is very anxious that all that is necessary for carrying them on successfully should be provided. At the same time the Society feels compelled to limit its grants towards the more secular parts of the work, as the funds at its disposal are contributed primarily for directly spiritual purposes. Thus it is that urgent appeals for help, even towards the purchase of drugs and instruments, are sometimes necessarily rejected.

The *General Fund* must be ultimately responsible for what is absolutely necessary. But the Medical Mission Auxiliary Committee hope to be able to secure contributions to the *Special Fund*, by means of which the Medical Missions of the Society may be maintained in a thoroughly efficient condition; thus increasing the influence of the Missions, taking what is, in many instances, a great burden off the shoulders of the missionary, and also enabling the Society to have less hesitation in entertaining proposals for new Medical Missions on account of the smaller additional expense to the General Fund.

The Medical Mission Committee therefore earnestly appeal to you to help them (1) by giving an annual subscription or donation; (2) by bringing this appeal to the notice of those who might be willing to give to the philanthropic work of providing medical skill for the heathen, though they would not contribute to the ordinary funds of the Society; (3) by forming branches of this Special Fund in different districts.

Contributions should be sent to Major-General C. Collingwood, Lay Secretary, C.M.S., Salisbury Square, E.C., but any inquiries from friends as to the formation of branches, &c., should be addressed to the undersigned.

HERBERT LANKESTER, M.D.,
 1, Elm Park Gardens, S.W. Hon. Sec. of the C.M.S. Medical Mission
 February, 1892. Auxiliary Committee.

OUR MEDICAL MISSIONS.

Reprinted from the C. M. GLEANER, Sept. 1891.

MEDICAL Missions, in the full sense of the term, are one of the modern developments of the Church Missionary Society ; but a certain amount of medical work has, from the first been done by our missionaries. It has always been the custom for the students at Islington College to have elementary lectures from a medical man, and some have also had hospital training ; and, although the little knowledge thus gained does not qualify them for regular medical practice, it has often enabled them to prescribe for themselves and their companions, and to do good work among barbarous people. China was the first mission field in which more systematic work was done. The first missionary to Fuh-chow, Rev. W. Welton, was not only a Cambridge graduate, but a surgeon of twelve years' experience, and he began the Fuh-kien Mission in 1850 by opening a dispensary. Another qualified medical man, also ordained, the Rev. W. H. Collins, went to China in 1857. Some other of our ordained missionaries have been qualified surgeons ; among them the Rev. W. T. Storrs, formerly of the Santal Mission, and the Rev. R. Elliott, formerly of the Santal Mission, and now medical missionary at Gaza.

The first unordained doctor sent out by the Society to be a regular medical missionary was Dr. Harrison, who went to the Yoruba Mission in 1861 ; but his career was short, and he died on the voyage home three years later. The Society's first attempt to use a Medical Mission as a means of getting into an otherwise closed country was made in Kashmir. In 1864 the Rev. R. and Mrs. Clark visited the Valley, and the latter began medical work ; and in the following year Dr. Elmslie was sent out to establish a regular Mission there. No other agency was then possible, and even the doctor was only allowed by the Maharajah to stay in the country during the summer. He was followed successively by Drs. T. Maxwell, E. Downes, A. Neve, and E. F. Neve. The remarkable development in later years of the work thus begun is fully described in this number of the *GLEANER*.

The next C.M.S. Medical Mission was in China. An English gentleman in India, a Government official, had held the post of a collector of opium revenue. This post he resigned for conscience' sake, and he determined to devote his official savings, more than £3,000, to the establishment of an opium-refuge in China. By means of this gift, the Rev. F. F. Gough, of Ningpo,

was enabled to do something temporarily for the benefit of opium smokers as far back as 1860; but in 1871 the fund was used to found an opium refuge at Hang-chow, and Dr. Galt was sent out to establish it. This has now developed into the splendid hospital worked by Dr. Duncan Main and Dr. Hickin, which has often been mentioned in the *GLEANER*. In the more southern provinces of Fuh-kien and Kwan-tung important Medical Missions have been established in the last few years by Dr. Van Someren Taylor and Dr. Horder respectively; and we have now in China eight regular medical missionaries.

Eastern Equatorial Africa is a field where doctors are especially needed; but there has been great difficulty in supplying them. Nine medical missionaries have been sent there since 1875; but of these one has only just gone out, and only two others, Drs. Baxter and Edwards, are now at work. One, Dr. John Smith, died on the banks of the Nyanza. Death also claimed the first medical missionary on the Niger, Dr. Percy Brown; and his only successor, Dr. Harford Battersby, had hardly begun work when he was invalided home.

In India, Medical Missions have been chiefly confined to the stations on the north-west frontier of the Punjab. Of these, Kashmir may be counted as one. We have also Dr. A. Jukes at Dera Ghazi Khan, on the Indus, and Dr. S. W. Sutton at the military outpost of Quetta. There is likewise a hospital at Tank, carried on by an excellent Native doctor, who is also a clergyman, and who bears an English name, the Rev. John Williams. But the most extensive Medical Mission in the Punjab is that established at Amritsar and in the country round by Dr. Henry Martyn Clark, which has been much blessed in winning converts.

Medical Missions are regarded as specially important in Mohammedan countries, where open evangelistic work is very difficult. Those already mentioned on the Afghan frontier are of this class; and there are others in Egypt, Palestine, Mesopotamia, and Persia. At Cairo, at Gaza, at Baghdad, at Julfa, (Ispahan), good work is being done by Dr. Harpur, Dr. Henry Martyn Sutton and others; but much more could be done if each station were not dependent upon one man, who may sometimes be ill or absent.

Altogether, the Society has sent out thirty-four regular medical missionaries, not including those who are both clergymen and doctors, like the Rev. R. Elliott, of Gaza. Two went out before 1870, ten between 1870 and 1880, and twenty-two since. Of the whole number, twenty-two are still labouring.

ADDRESS BY DR. E. DOWNES.

DELIVERED AT A MEETING IN EASTBOURNE, ON MARCH 28TH, 1892.

(Reprinted from the C.M. INTELLIGENCER, June, 1892.)

I HAVE been asked to read a paper on Medical Missions, and especially on the proposed plan of the Church Missionary Society to place Medical Missions under a Special Committee. As a late medical missionary, I can speak of the immense value of Medical Missions. I will not take up time in describing the relief to pain or saving of life, which is part of the object of this agency. Much as we desire to do this, I think that if this was the only object of our Medical Missions, it would not be justifiable to spend money collected for preaching the Gospel on this purpose. But this is not the only, not indeed the chief object, of Medical Missions. We wish our Medical Missions to be a means of bridging over prejudices and differences which separate us as Christian missionaries from the heathen and Mohammedans, to whom we wish to preach the Gospel. We also wish to make Medical Missions an object lesson, to show these people what Christianity is, viz., that it is a system of love, that it aims at relieving suffering of all kinds, and that it wishes to practise what it preaches when it says, "Thou shalt love thy neighbour as thyself."

Indeed, we want to go further. We tell these people about the love of God, and we tell them about Jesus, the Son of God, who loved them, and gave Himself for them. They say they cannot understand it, and so cannot believe it. We wish to show them in a visible form what the spirit of Christ is. We say, "For Christ's sake we come to you in your distress, we will sympathize with you and relieve you if we can, and we do so because Christ, our Master, has sent us. This is His work. Oh, what a world would this become if His reign were accepted, His rules obeyed—in a word, if His kingdom should come!" We say to them, "This is an earnest, small and imperfect, it is true, but it is an earnest of that kingdom which we wish to set up. Will you not like to know more of that Kingdom, more of the King Himself? Nay, will you not be naturalized, so to speak, as citizens of that Kingdom which is love, joy, peace, long-suffering, gentleness, goodness, and truth?"

To illustrate this principle of Medical Missions, and to test its soundness, let us compare some simple Mission preaching with some Medical Mission work.

In the case of the former, we must say at the outset that in almost all missionary work the missionaries are forced to accept the principles which are the foundation of Medical Missions. One agent makes use of schools and educational work, in order to get at the heathen; another visits the people in their houses; another makes use of the knowledge of building or engineering, which we, as Europeans, possess; another with the help of Zenana ladies makes friends through the wives, mothers, and sisters of the people. All these methods are good and should be practised, but it should be remembered that in Medical

Missions we have the authority and example of the Gospels and Christ Himself. "Heal the sick" is a Divine injunction often repeated, and Christ and His Apostles were medical missionaries. I wish, however, to show the difficulties of doing effectual Mission work without some such aids; so I will try to describe a missionary in a bazaar of a town or village in India, who is speaking to strangers, and trying without any such aids to obey the instructions of the Saviour, to "preach the Gospel to every creature."

The missionary, with two or three Native converts, takes his place in a town or village, having marched into it during his tour, or itineration, as missionaries usually call these journeys, borrowing a slightly American phraseology. They choose a central and open spot near the shops, perhaps at a well. Sometimes they commence by singing a hymn, sometimes by reading in a loud voice a chapter of the Testament. One of two or three things follows. If the towns or villages have often received such visits, and have not been interested in the message, our missionary friend will probably get no congregation, or only two or three children who look at him with curiosity, and understand not one word of what is said. If the missionary is already known, or if for any other reason the people are favourably disposed, he will probably have more or less encouragement, and will make still further friends among the people. Let us imagine, however, what is a very common experience, that for curiosity a dozen or so of the people gather together, not inclined to look upon the missionary in a friendly light. The reading comes to an end, and an exposition follows. Our missionary tries to show how superior Christianity is to idolatry or Mohammedanism; and he speaks of the love of Christ and the message of salvation; but his choicest arguments are thrown away. A clever bystander tells him that he quite misunderstands Hinduism (which is quite possible, for I never knew any one who understood it). A Mohammedan says that he is quite mistaken in the historical facts which he has stated about Islam. A would-be philosopher asks him, "What is fire?" and the puzzled missionary, who is no scientist, stumbles out something about combustion. The philosopher, seeing his opportunity, quotes with an air of great wisdom some verses in Sanscrit, with much nodding of the head and other gestures, and the crowd applaud his learning. Some irreverent bystander takes courage, and asks the favourite question, "Has God got a Son?" The missionary says, "Yes," and wishes to explain; but some zealous Mohammedans shout, "La houl Allah!" a cry of horror and disgust which is somewhat equivalent to "God forbid." The battle comes still nearer home. The missionary is taunted with the fact that the soldiers in the neighbouring cantonment are constantly drunk: another adds, "Yes, and eat pigs." He is probably asked next whether he eats pig himself. Another shouts from the back of the crowd, that the magistrate has lately done some one an injustice; again, one says that the converts are taught to drink brandy and eat pig; and the missionary's indignant answer is drowned in roars of

laughter, and the crowd begin to disperse. Such is a sketch of what happens too often in open-air preaching in an Indian town when the missionary has no friends among his audience.

Are you disposed to say, "Give up this method altogether, it cannot succeed?" This has been often said and acted upon; but wait a bit. Good does come sometimes even out of the weakness of our preaching. I could give you instances from my own experience. So I do not say, Give up open-air preaching; but I do say, Be very careful how you conduct it; and try to be on friendly terms with your audience. And for this purpose I know nothing which succeeds better than the addition of a medicine chest and a set of surgical instruments to the *armamentarium* of the itinerating missionary.

To illustrate this, let me attempt to describe how the medical evangelist will try to carry his message into the enemy's country.

We will suppose that he is marching with his hospital tent, etc., and a Native hospital assistant, who, of course, shall be a Christian. He arrives in a village and pitches his camp just outside. At once he lets it be known that the next morning he will be glad to see patients.

Early next morning quite a throng of sick folks and their friends are present outside the hospital tent; the flag with the red cross attracts attention, and the news has spread for miles that an English doctor is there.

At the stated time all is ready, and the doctor welcomes his visitors with a few kind words, and he explains that without God's blessing no good can be expected, so he commences with a few simple and earnest words of prayer. Then follow several hours of steady hard work. After this the doctor takes a seat in a convenient place, and says, "My friends, I am tired, let me have a few minutes' rest. But while resting, I want to speak to you: come near all of you, I have something to say." Some of the more important of the village people sit near him, others sit in a circle round, and some are standing in the background. Our missionary asks for the Bible to be brought. He then tells his hearers why he has come to them; it is to relieve their pain, but it is also because his Master has ordered him to come, the Lord Jesus, who is recognised by all Mohammedans as the Great Healer. "I should like to tell you something about my Master," says the missionary doctor, and he reads, perhaps, about the cleansing of the lepers, and he speaks about the wonderful love, power, and pity of the Saviour. The people are pleased, and listen attentively, but the inevitable question will be probably put: some one in the background shouts out, "Has God got a Son?" An old gentleman, seated in the front rank says, "Hold your tongue, and don't ask foolish questions, the Sahib will be angry." "No," says the doctor, "it is not a foolish question, and he has a perfect right to ask it; let him come near me and sit down, and I will try to answer it." The young man tries to get off, but he is pushed into the ring, and there is no escape.

"Sit down here, my lad," says the doctor, and the young fellow (a bright-looking lad, of about twenty,) takes his seat on the ground close

to the missionary, and looks rather sheepish and shy; he is fairly caught. "What is your name, my lad?" He answers perhaps, "Nur-ud-din, your Highness."

"Well, Nur-ud-din, I wish you would not ask me such difficult questions. You think it must be an easy one, perhaps, but it is really a very difficult one. I will tell you something that an Apostle says about it." He then reads from 1 John iv. 15: *Whosoever shall confess that Jesus is the son of God, God dwelleth in him and he in God.* "I am afraid you will not understand what is meant by the Son of God till you dwell in God and He in you. This is a difficult matter, Nur-ud-din."

"Yes, protector of the poor," he answers humbly.

"But wait a minute, I can perhaps help you. What are Mohammedans taught to call Jesus?" Some one answers, "Ruh-illah (the Spirit of God)."

"Well, for the present, let us be content with this; it will answer the purpose, and try to understand what is written in the Gospel about Jesus and His work. For instance, let us remember what we have been reading about the healing of the lepers. What have you come here for, Nur-ud-din? Is there anything the matter with you?"

"No, your Highness, your servant has brought his brother, who has a bad toothache."

"All right, Nur-ud-din, we will pull his tooth out in a few minutes if you will hold his head; but you must let me rest a little longer."

"Now, listen to me, all of you. Nur-ud-din doesn't look ill, he looks well and strong, his lungs are good, and so is his heart, his tongue is clean, and his pulse is good (taking his wrist to feel it while speaking); and yet he is really ill, for he has leprosy in his soul. What is that leprosy? It is sin. Don't be alarmed, Nur-ud-din, I am not going to tell any tales (for poor Nur-ud-din is beginning to look uncomfortable, and he is beginning to suspect that the doctor is a magician, and knows more about him than he cares to have made public). I, too, have the leprosy, but I have found a cure, and I am getting cured, and I wish you all to get cured too. The cure is the Lord Jesus Christ, who died on the cross so that He might be able to heal us. Are there any liars in this village?" "Lots of them," says one of the inhabitants. "He will cure them if they wish it. Are there any thieves? He can cure them. Are there any unclean? He can cure them. Are there any quarrelsome people? He can give them the tempers of angels."

But the time has passed too quickly, and work must be begun again. Nur-ud-din is not quite satisfied with our explanation, it is true, but we must not be surprised; for he has not yet *overcome the world*, and hence he does not yet know what is meant by the *Son of God*; but he is softened, he has heard truths which he will think about, and we must hope that he will learn some day to know and to love the Lord Jesus, and then he will confess Him to be the Son of God.

I need not go on with my sketch. I can truly say that this is the kind of meeting which the medical missionary is likely to have in an

Indian village. Was I not right then in saying that an itinerating missionary would find a medicine chest and instrument case useful additions to the *armamentarium* of a preacher of the Gospel? I have only spoken about the work of an itinerating medical missionary. There are other important uses of this agency which I can only just name, I mean hospital work at certain centres, and branch hospitals, house-to-house visits, and the most important work of lady doctors in the zenanas. I have spoken about work in India simply because I have had experience only in that field. My remarks, I am sure, apply to every country in one way or another.

I have only left myself a few moments for speaking very briefly about the C.M. Society's new departure, of having a special Medical Missionary Committee.

This need hardly be explained or defended, for the work is so important that it requires special organization and special attention. Moreover, the method is not a cheap way of doing missionary work, and funds must be forthcoming. It has been, therefore, suggested that special means should be adopted for raising the necessary finances. The plan recommended by our new Medical Secretary, Dr. Lankester, and strongly supported by myself and other members of Committee, is just this: Let us organize Medical Missionary Associations wherever we can. In every town where we find friends let us have a Committee, with President and Secretary and Treasurer. Let us send deputations and have medical missionary meetings, and ask for sermons and collections.

This is an opportunity which I have had offered to me of putting the question fairly before you. Shall we in the Gleaners' Union heartily support this new Committee? Shall we individually go in for helping it on? Shall we increase our subscriptions to meet this new want? Shall we pray more earnestly for Medical Missions, that they may be used to the fullest advantage? If we say yes to all these questions I think we shall have met to some purpose this afternoon.

One more thought and I have done. Our Medical Missions are usually placed where doctors are most needed. Think, then, what a help and what a comfort they often are to poor suffering men and women. Is it not a glorious thing to feel that we are relieving suffering and pain and doing it in Christ's name? I was reading the other day in the twentieth chapter of the Acts of the Apostles, St. Paul's celebrated speech at Miletus to the Ephesian ministers. His last thought which he leaves with his hearers is a Christian maxim which is too often forgotten in these days of selfishness and self-pleasing. "I have showed you all things," says the Apostle, "how that so labouring ye ought to support the weak."

It is to support the weak that Medical Missions ask for your help. In the general competition of the nineteenth century this Christian maxim is forgotten too often. Let us roll away this reproach, to some small extent, by making our Medical Missions efficient; and as we do so God will, I am sure, own and bless our endeavours to extend the kingdom of His dear Son,



Church Missionary Society.

Medical Mission Auxiliary Fund.

Medical Missions Committee.

T. E. BURTON BROWN, ESQ., M.D.,
C.I.E.

ALBERT CARLESS, ESQ., M.B., M.S.,
F.R.C.S.

THOMAS CHAPLIN, ESQ., M.D.

EDMUND DOWNES, ESQ., M.D.

MAJ.-GEN. HUTCHINSON, C.B., C.S.I.

HENRY MORRIS, ESQ.

F. PETERSON WARD, ESQ.

HERBERT LANKESTER, ESQ., M.D.,

Hon. Sec.

OCCASIONAL PAPER, No. 2.

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

LIST OF MEDICAL MISSIONS, OCTOBER, 1892.

MISSION.	STATION.	Founded.	MISSIONARY.	Date.	No. of Beds.	In-Patients.	No. of Out-Patients.	Operations.	Remarks.
1.—NIGER ..	Lokoja ..	1890	C. H. BATTERSBY, M.B., Cantab. ..	.. 1890					
2.—E. E. AFRICA ..	Frere Town ..	1887	C. S. EDWARDS, M.R.C.S., L.R.C.P. ..	.. 1888					
3.—Ditto ..	Chagga ..		E. J. BAXTER, L.R.C.S., L.R.C.P., Edin. ..	.. 1877					
4.—Ditto ..	Uganda ..	1891	G. WRIGHT, M.R.C.S., L.R.C.P., Lond. ..	.. 1891					
5.—EGYPT ..	Cairo ..	1889	F. LAIRD, L.R.C.S., L.R.C.P., Edin. ..	.. 1891	32	14865			
6.—PALESTINE ..	Gaza ..	1882	REV. R. ELLIOTT, L.R.C.S.I. ..	.. 1878	5	145	11120	214	
7.—Ditto ..	Nablus ..	1891	H. J. BAILEY, M.B., C.M., Edin. ..	.. 1890			4151	55	
8.—PERSIA ..	Baghdad ..	1886	H. M. SUTTON, L.R.C.P., M.R.C.S. ..	.. 1886					
9.—Ditto ..	Julfa ..	1879	No European Doctor at present time. ..	..				
10.—PUNJAB ..	Amritsar ..	1881	H. M. CLARK, M.D., C.M., Edin. ..	.. 1881	18	272	59672	2421	
			A. LANKESTER, M.B., Lond. ..	.. 1891					
11.—Ditto ..	Dera Ghazi Khan ..	1878	A. JUKES, M.R.C.S., L.R.C.P. ..	.. 1878		85	12190	258	
12.—Ditto ..	D. Ismail Khan ..	1892	TH. PENNELL, M.B., Lond. ..	.. 1892					
13.—Ditto ..	Kashmir ..	1864	ARTHUR NEVE, F.R.C.S., Edin. ..	.. 1881	75	818	27132	2045	
			ERNEST NEVE, M.D., F.R.C.S., Edin. ..	.. 1886					
14.—Ditto ..	Quetta ..	1885	S. W. SUTTON, M.D., Lond. ..	.. 1885					
			M. EUSTACE, M.D., Dub. ..	.. 1889					
15.—S. CHINA ..	Itinerant Missn. } Kwang-Tung }	1890	W. W. COLBORNE, M.D., Lond. ..	.. 1890		†3344	†47	†47	{ †During a 6 months' tour.
16.—Ditto ..	Pakhoi ..	1886	E. G. HORDER, L.R.C.P., Edin. ..	.. 1883	231	7767	203		
17.—Ditto ..	Fuh-Kien: .. Fuh-Ning ..	1878	B. VAN S. TAYLOR, M.B., C.M., Edin. ..	.. 1878	50	536	5227		
			W. P. MEARS, M.D., Dur. ..	.. 1890					
			MRS. MEARS, L.K.Q.C.P.I. ..	.. 1890					
18.—Ditto ..	Nang-Wa.. ..	1889	JOHN RIGG, M.B., C.M., Edin... ..	.. 1878	33	501	6885	244	
19.—MID-CHINA ..	Ningpo ..	*1888	F. W. BROWNING, L.R.C.P., Edin. ..	.. 1890	35	233	5376	115	*Started by Dr. Daly, the Port Surgeon.
20.—Ditto ..	Hang-Chow ..	1871	D. DUNCAN MAIN, M.B., Edin... ..	.. 1881	75	551	24410	737	
			H. HICKIN, M.B., C.M., Glasg. ..	.. 1887					
21.—N. PACIFIC ..	Metlakahtla ..	1889	VERNON ARDAGH, L.R.C.P., L.R.C.S. Edin... ..	.. 1887	12		*860		*In 6 months.

The figures after each name denote the year in which the Missionary commenced work.

C.M.S. MEDICAL MISSIONS.

WE call this the second "occasional" paper, but we intend to make it a "quarterly" as soon as the necessary arrangements are complete. The first paper was mainly a compilation of Medical Mission articles from various publications of the C.M.S., but in this number we print letters from six different Medical Missionaries who are at work in the field, and we believe that they will be of great interest to our readers. We might mention that if any friends wish to give instruments or other things of which a Medical Missionary is in need, the money may be sent to the Hon. Sec. of the Medical Missions Committee at Salisbury Square, and it will be dealt with according to the directions of the donor, so long as these do not in any way involve extension of work or change of policy. The Committee will be very glad to have more of the beds in the different Hospitals supported by friends; the cost varies from £3 to £6 for a cot, and from £5 to £10 for a bed.

We want men as well as money; men who are thoroughly well qualified in all the branches of the profession, young men who will come forward and offer themselves to the Society for this most Christlike work of making known the love of Christ to the heathen by healing as well as preaching. We know of one or two who are just now starting their Medical work at the London hospitals with the intention of going out as Medical Missionaries when their five years' course of training is up. Are there not many young men who have made up their minds that their lives shall be given for the Master's service? Have they ever considered the power the Medical Missionary has among the heathen? The expense of training is somewhat greater, and the time required is longer than formerly, but we think that this should not deter men from going in and succeeding. Anyone with ordinary ability can make certain of passing the examinations with steady conscientious work.

We find that there is doubt in some minds as to what is the object of the Medical Mission Auxiliary Fund, and what connection the Committee has with the C.M.S. The fund is solely to

help the Medical Missions of the C.M.S., and the Committee is one of the working Committees of the Society. In the past, grants have been made by the Parent Committee towards the expense of carrying on the work in the twenty different Medical Missions; but these grants have only averaged about £100 to each Mission, and any of our readers who know anything of the amount of work that is done in some of the larger ones will see at once that this is little more than a tithe of the total cost; the balance has been raised by the Missionaries from among friends both at home and abroad. Now while we wish the workers to get what help they can from friends living in or near their sphere of labour, yet we do not think that they ought to have the burden of begging from friends in England. One of the main objects of the Medical Missions Committee is to take this load from the shoulders of the Missionaries.

In order to provide all that is necessary for the proper working of the Mission Hospitals we must have a regular income, and therefore we wish to form branches of the fund all over the Kingdom. We know that many parishes are doing as much as they possibly can in aid of Mission work, but we are quite sure that very many might do something to help, even if it were only to support one bed in one of the hospitals. Branches have already been formed in connection with St. Paul's, Onslow Square, and St. Jude's, South Kensington, and in Bristol, Torquay, Chester, Brighton, Tunbridge Wells, and Churchstoke, Montgomeryshire. We hope that before the next occasional paper is issued this list will be very largely increased. All communications with regard to the formation of branches should be addressed in the first instance to the Hon. Sec. of the Committee, Dr. Herbert Lankester, 1, Elm Park Gardens, S.W.

We propose in future to print *a list of special things that our Medical Missionaries are in need of*. We shall very likely find that all sorts of things will be forthcoming—quinine, bandages, wooden legs, and splints. We would, however, ask that the Missionaries will keep us well supplied with particulars of their work. The table of statistics on the second page is very far from complete. In a letter received from Dr. Rigg in May last, he says, "There are two hospitals under my control, one in Nang-Wa, the other at Tai Chau, lying about fifteen English miles apart. The beds are simple deal boards placed across trestles, and often we have

more patients than there are beds, in which case we make them sleep two in a bed or on the floor. The beds are good enough, but we have not enough of them. In about three months I hope we shall have more commodious premises at Tai Chau, and then we shall be able to take in more patients, but that of course means increased expenses. In 1891 I had just about sufficient money; but hitherto we have been too restricted, both in drugs and appliances, and it would be a great relief to me if our funds were a little larger. But another reason makes it necessary that our funds must be increased this year, viz., the charge of £199, met by the Foochow Committee, cannot be any longer paid by them, so I shall have to make that amount up somehow."

LETTER FROM FRERE TOWN MISSION HOSPITAL.

DR. EDWARDS' time is so taken up just now with superintending the building of the new Hospital on the Island of Mombasa that he has asked me to send a few particulars of the Medical Mission work which he is carrying on here.

When I speak of "our Hospital," my readers must not think of a Hospital such as you have in England. A few mud huts with makuti roofs (something like thatch made of cocoa-nut leaves), with three or four "vitanda" (native bedsteads), and a covered barn open at the ends in which the patients lie or sit, and obtain shelter from the wind and rain, is all we can at present boast of. Many of them sleep in the open air during the hot season, and very few have even the native bedsteads. A good many of the patients are able to do some work, and they make "vikapu" (native baskets), brushes, and rope, and the women pound and grind the rice and the different kinds of grain.

The most common complaint amongst these people takes the form of ulcers in different parts of their bodies, and few if any of them ever keep their bed.

Out-patients are attended to every day by the native doctor and his apprentices: one of whom is the son of the native Pastor, and the other is the son of the Matron. They assemble at the "Hospital," and are seen in turn directly after the early morning service in the Church, which is close by, so close that some even of the "in-patients" are able to attend. The people come from many miles round, and of course there are different languages and dialects, so that all do not understand "Kiswahili."

Now as to the spiritual work. On Sundays, Dr. James (native) holds a service and preaches to them, and four or five times a week the patients are gathered together for singing hymns, Bible reading, and prayer. Very often kind friends, such as Mrs. Binns and Mrs. England, come and tell them the "wonderful words of life." While Mrs. Hooper was in Frere Town, she frequently gave little addresses,

and many others either on their way up country, or on their way back to England, come and say a few words.

The patients look forward to the singing and reading time, and many of them learn not only the hymns but texts, such as—John iii. 16, Rom. vi. 23, Matt. xi. 28, II. Cor. viii. 9, I. Tim. i. 15, and John x. 11, and we are quite sure that our God will be faithful to His promise and give His blessing, and cause the seed thus sown to spring up in His own good time. Spiritual work in a Hospital always is and must be a work of faith, for we only get the people for a short time and then they are off, and we may never see them again; but they carry with them seed that will never die, and we believe that it will be scattered far and wide and be watered by the Holy Spirit, for the seed is the word of God. God has let us see some results that our faith may be strengthened, and that we may learn that the work is His alone.

One young woman, "Fazida," laid hold of the verse I. Tim. i. 15, and she "sleeps in Jesus;" her faith was very simple, she touched and was made perfectly whole.

Another, who was written about in the *Children's World* for April, has since confessed her faith in Christ by baptism, receiving the name of Rachel; she now regularly attends the Sunday afternoon Bible Class.

The Sultan of Zanibar has given 20 acres of ground on the island for a Hospital, and the buildings are getting on and will soon be ready. The Hospital will be a great boon to all classes in Mombasa, as at present there is no place at all worthy of the name of hospital in which to receive the sick.

M. R. G.

LETTER FROM DR. JUKES, DERA GHAZI KHAN.

I HOPE that the Medical Missions Committee may be much blessed of God in raising money, and especially in finding men to take up missionary work. We sorely need help both in money and workers, but perhaps in workers more than money:—a Medical Colleague, a Zenana Visitor and Medical Lady, besides a Clerical Missionary. For the welfare of native Christians the latter is very necessary; for the work among non-Christians the three former are the most necessary, and they would more quickly relieve the burden on the shoulders of present workers. And unless the work is to come to a standstill they must be sent soon, otherwise the Zenana work will be stopped, the Zenana Hospital closed, and I shall be invalided home.

The present staff is wholly inadequate. I have tried to rouse the C.M.S. and the C.E.Z.M.S. to send workers; I can do no more, and I suppose the societies cannot send me any new workers if men and women do not offer themselves for the work. But the Dera Ghaz Khan Mission will come to a standstill, as Dera Ismail Khan* is likely to

* Dr. Pennell has gone out to open a Medical Mission at Dera Ismail Khan.

do if something is not done soon; the work is too great for the present staff. You ask for a quarterly letter relating more particularly the spiritual results of the work. It should clearly be understood that the hearts of the people all the world over, but especially in Mohammedan lands where they are warned not to receive the Gospel, is like the ground in tropical lands—hard as stone till softened by rain, and no ploughing can take place until the ground has been thus softened. Hitherto the results of Medical Mission work in this district have been more to soften the hearts of the people, and incline them to listen to the Word, than to cause them to turn to Christ. That at least is the general effect.

Wherever we go a marked difference is apparent in the reception given by the people when we bring medicines and when we do not. Supplies are more easy to get in the former case, whereas in the latter we have often to get an order from the authorities to the village headmen, before they will relieve the needs of a "Kafir" (unbeliever). These difficulties do not present themselves to the Medical Missionary.

We are not however without results from the teaching in the Mission Hospital. We have had several enquirers, and have some now amongst the patients, though none have as yet found courage to confess Christ's name before men. Some have been led astray by the Arya Somaj, others find the offence of the cross too great, and are content to believe in the heart while they deny that confession with the mouth is necessary. Ground is becoming softened, seed has fallen, but the time of reaping has not yet come.

I will however give an incident to show that Medical Mission work and workers have some effect on the patients: I mentioned it in several missionary addresses when at home, but I don't think it ever appeared in print. Just before going to England on furlough an aged Hindu came to me; he was about 80, or perhaps more. He came apparently to get his monthly account settled, as he used to supply me with grain for the cow and horse; but having been paid he still sat waiting, and I fancied he had something to say, and let him take his time, while I went on with my writing, occasionally making a remark. At length he found courage to speak out. He had been a patient, and had seen many cured besides himself, and he said, "Sahib, no one can do these works which you do except God be with him," using almost exactly the same words as Nicodemus. This gave me a grand opportunity of preaching Christ to him, and he heard me patiently, but was not convinced. He said, "Sahib, I am an old man, and have not long to live, and you are an Avtar (a manifestation of the Deity), for you could not do these cures without God's help. You are an Avtar, and can do anything; make me a young man again!" I could only point to One to Whom if he came he might have life eternal. He could not believe the message, poor old man, and went away believing not that I could not make him young, but that I would not. Poor old man, I never saw him again, he died before I returned from furlough; but the "mighty works" might have been looked upon as born of the devil, if righteous dealing and godly conversation had not accompanied the works. Two men are

worshipped in India to-day ; one, General Nicholson, and another whose name I do not know, whose symbols are a beer bottle and tobacco pipe ; the excess of his evil ways begat a belief that he was possessed. We may hope that if by godly living and good works we can manifest the life of Christ in our lives, even though they may not believe us now, yet they may believe the works and glorify the name of our Father in heaven.

LETTER FROM DR. HORDER.

PAKHOI MEDICAL MISSION.

I AM glad to hear that you are going to issue a quarterly or occasional paper giving accounts of Medical Mission work. I notice that you ask especially for a record of spiritual results.

God has blessed from the commencement the work in the Hospital compound for the lepers. Our first convert was a poor old woman with scarcely a spot on her body free from the dire disease. Her face was terribly marked, and her legs were covered with ulcers. She became an in-patient, and within six months all the ulcers had healed and she asked for baptism. No patient has ever been received into the visible Church by us here with greater joy. Her face shone with delight as she listened to the Gospel, and gave the reason of the hope that was in her. She always looks happy, and, though still marked by the disease, is so much improved that she is able to go about amongst her friends. Six months ago Anna returned to the Hospital, but as the wards had all been thrown open for men only (leprosy among women being comparatively rare), we built her a small hut a few hundred yards from the Hospital ; she lived in it, and came to the Hospital every day for her two meals of rice.

Anna a few weeks ago heard that we were collecting for a school, so she went to her friends and collected a thousand cash (half-a-crown), and brought it as a contribution to the school building. Surely this is a good lesson to many at home. This woman is without a "cash" of her own, but she did what she could in asking those around her for their support. Cannot hundreds at home do the same ? They have not the means to contribute themselves, but they have plenty of time and a number of friends who would only be too glad to give help to Medical Mission work if asked.

I am glad you are forming "branches in different towns and parishes ;" be sure to get the branches to form "twigs" (individual efforts like Anna's), for much fruit is borne on twigs.

I will reserve accounts of other lepers and converts from the general wards for future letters. May God abundantly bless this new effort to increase the interest in our Medical Missions.

LETTER FROM DR. COLBORNE.

SOUTH CHINA ITINERANT MISSION.

On board a house-boat between Canton and Fatshan, July 22, 1892.

YOU ask me especially for a record of spiritual results from medical work. I am not able to give you much in the way of figures in this respect; my work has been perhaps too diffusive to be able readily to ascertain what the result may have been. I as a rule only stop twenty days in one place, and therefore do not have much opportunity of seeing the results of my teaching; nevertheless I have something to say. We come here to teach and make disciples, but, until the people know something about us, we are barbarians to them and they are barbarians to us; they must to a certain extent know and believe in us before they will believe in our message. We want an "introduction," and doctoring them is a splendid introduction: we get to know each other in a very little time comparatively.

To illustrate how the medical work wins confidence, I will give you a little account of something connected with the work we have been doing during the last few months. At the end of our stay at Heng Shan (fragrant mountains), a good many patients with ingrowing eye-lashes and cataract came to us, and were told that if they wished to be operated on they must come to Kong Moon, our next stopping place, as now there was no time; besides these, there was a man with "Glaucoma," on whom I thought "Iridectomy" ought to be performed. We had been at Kong Moon I suppose about a week when they began to turn up, and not only those I had invited, but they had brought the greater part of their families with them, some of whom were suffering in different ways, and others had come out of curiosity. Each boat would hold about six to ten persons, and there were at one time ten boats moored to the bow of our ship. Their boats were about 14 ft. long by 4 ft. wide, and they soon rigged up their portable tents made of a sort of palm leaf, and generally made themselves pretty comfortable.

Among the first I noticed was the Glaucoma case, very eager to be further treated, as his sight had been immediately and greatly benefited by a solution I had given him. I was by no means eager to operate on him as the diagnosis was somewhat doubtful, and even if correct I could not promise any very immediate and decided improvement in his vision. I carefully explained all this to him, and rather expected and perhaps hoped he would decline operation, but the effects of the Eserine had so won his confidence that he said "if Sin Shang says he thinks it best to cut the eye I wish the eye to be cut." I operated, and thank God all went well, his vision was somewhat improved, and there is good hope that the progress of the disease in the eye has been stopped. I think that anyone will see that I had a much better chance of preaching the Gospel to this man and his friends than if I had gone to them simply as a "Foreign Devil" with the "Foreign Devil's

Doctrine." During the day we were engaged in Medical work at the chapel, and every evening we had talks with the people at the bow of the ship. Most of the people came from one village between Heung Shan and Kong Moon, and when I come this way again I shall certainly moor my ship at this village, and shall quite expect to find the seed sown has borne some fruit. I have been going the round of four stations or districts, stopping at each about twenty days, and at every place I believe a European Medical Missionary could go full speed ahead, with a mathematical certainty of producing speedy results. Why not native medical men? some may say. There are two reasons—the first is indicated by what I was told by a medical missionary of 30 years' standing in China: that of all the medical missionaries he had trained there was not one he could trust to follow the profession from philanthropic or Christian motives. This does not mean, I think, that the Chinese are less capable of being influenced by the Holy Spirit than other nations, but is owing, I think, to circumstances which I fear would take too long to explain fully. The other reason is exemplified by what I write below.

When we got to Hok Shan (stork mountain) we were told "here there is little healing, a few perhaps, between ten and twenty a day." We soon ran up to over a hundred a day, and during the last few days we had as many as two hundred a day until at last I had to run away. When the crowds are too great, preaching and proper attention to their complaints is very difficult, but a double set of doctors and preachers would be able to get through more than double the work. The schoolmaster at Hok Shan told us there would be so few because he judged from the numbers who came to see the native doctor, who had been there a short time before. Matthew says the difference is owing to the great reputation foreign doctors had obtained through Dr. Kerr's hospital.

From this you will see that if we are to have more Medical Missionaries they must be European. Now who is coming? or rather, how many are coming? I can find the money for all necessary (personal) expenditure for three years for one if unmarried, if he does not live in Canton or Hong-kong. Matthew opened work in Chun Tsing district about five years ago, distributing medicines and preaching; now there are 60 names on the books, and about twenty requesting baptism. Open doors may close if not entered.

LETTER FROM DR. B. VAN SOMEREN TAYLOR.

FUH NING, CHINA.

I THINK that a review of my work from the very commencement would be interesting to your readers, and so I would seek to carry them back with me to nearly 14 years ago. I arrived at Fuh Chow at a time when the Mission was passing through a bitter and somewhat unexpected crisis. For reasons which I need not now enter into the Chinese authorities were seeking to eject the Mission from the city of Fuh Chow.

It was hoped that the opening of a Medical Mission might somewhat have allayed their opposition, but unfortunately I arrived too late. It was, however, an interesting fact that at the trial in connection with the case, the judge attempted to affect a compromise on the ground that the buildings might be used as a hospital and residence for a physician. Having been turned out of the city, the next question was, where should we settle? A question by no means easily answered, for there were openings for Medical Mission work both North, South, and West. And so I visited the chief cities in these districts in order that I might form an opinion and report.

In my own mind I had settled upon the city of Lo Nguong, two days north of Fuh Chow, when a letter arrived from the Committee asking me to open up medical work in Fuh Ning, at the same time promising to send out a clerical missionary to accompany me there. And in December, 1881, the Rev. J. Martin arrived.

So in January, 1882, together we proceeded to commence work here, though it was not till early in 1883 that the medical work was really commenced.

Fuh Ning Fu is a prefectural city, with a population of about 10,000, situated on the sea-coast four days north of Fuh Chow. A prefectural city is a city which is governed by a Chinese officer called a prefect, who has charge of a certain district, and is over other neighbouring cities; in this case four others, viz., Fuh Ting, Fuh Ang, Sin Ning, Ning Taik.

It is to this city candidates come for examination twice every three years. One might liken it to a county town at home. It had been opened as an out-station since 1875, so that on our arrival we found a small number of professing Christians, a catechist in charge, and a house (of course Chinese) to live in.

We had first of all to use a small dark close room situated at the side of our Church as a Dispensary, whilst we endeavoured to procure a house that we might use as a temporary Hospital, for I had come to the conclusion that mere dispensary work, without a Hospital, was both from a missionary and medical point of view very unsatisfactory, a view which longer experience has confirmed. You may have crowds for a short time, which soon dwindle away.

The following case, which is perfectly true, was related to me by a Medical Missionary of another Society:—

On one occasion whilst itinerating, he operated on a man for cataract. The next day he called to see him, and found his patient with his bandage off staring up into the sky, and on being asked why he had removed his bandage, he replied, "I wanted to see whether I could see."

It is very doubtful whether the patients take the medicines as prescribed; in fact, whether they take them at all, unless they have paid for them. Hence the necessity for having one's patients under continual supervision.

But to return. We found it by no means easy to rent a house situated in a healthy position for a Hospital, for the following reasons:

- 1.—A Hospital naturally suggested death, and the death of any one in a house would considerably lower the value of the property.
- 2.—The number of houses to rent was limited, for it must be borne in mind that a Chinaman builds a house as a residence for himself and family, and not for the purpose of letting to others, and he naturally is unwilling to leave his home unless he has good reason for doing so.
- 3.—The price asked for rent was absurdly high, for it was thought that we as foreigners had a small bank at our disposal.

After waiting a considerable time we at last succeeded in renting two small buildings, at the small rent of \$50, *i.e.*, about £8 per annum. We found at first that there existed a considerable amount of misunderstanding on the part of the people with reference to us and our aims. We were thought to be spies! to be agents of some political organisation that was to overthrow the present dynasty! to be buyers of tea! to be sellers of opium!

Then various stories were started as to the different sources from which we obtained our medicines, most of them very disgusting and unmentionable here.

Our medicines were supposed to have the power of causing the people who took them to become our followers.

Even the cup of tea which it is usual to offer to one's guests was declined, lest we should have drugged it with some medicine, which would have this effect. Whilst the drawing of blood was credited with similar if not worse results, I have seen more than one patient suddenly vanish whenever he saw either a lancet or tooth forceps in my hand.

But I am happy to say that though there was this misunderstanding, together with the natural prejudice against foreigners, yet there was no manifest opposition to us, and as time has gone on and our motives have become understood, and work has become known, the people have come to regard us as benefactors and as friends. We have as visitors mandarins from their yamens, as well as beggars from the streets. It was necessary to remove this prejudice, because we hoped to purchase a suitable site and erect upon it a proper Hospital and residence, and in a little over a year's time we were able to do this.

The Trustees of the Wm. Chas. Jones Fund came to our aid with a promise of \$2,000, with which sum of money I was able to erect two buildings, one consisting of five rooms, each room being able to hold six beds, though it ought only to hold four, the other consisting of rooms for four students and lecture room, a dispensary and waiting room.

But I soon found that these premises were too small, and once again the Trustees of the Wm. Chas. Jones Fund came to my help with another grant of \$2,500, but the difficulty now was to procure ground near. I had hopes that my next door neighbour would sell me his house, but he declined to do so under an enormous sum. We had, therefore,

to wait and pray. Seeing that we were unable to obtain any other site I at last reluctantly decided to erect a building between the two existing ones. This helped to relieve the pressure. Since then I have been able to obtain a small site on the other side of the street, and on this I have erected a nice building of five rooms, each capable of holding six beds. It is, however, being used temporarily as a residence by the ladies of our Mission, though I greatly require the room. Hence, then, our little Hospital consists of four buildings capable of holding 50 to 60 beds, a dispensary, a waiting room, and rooms for assistants and students, and has cost altogether less than £800. Three of these buildings are situated in the same compound as my own residence, so that the work is under my constant supervision.

But what anxiety and trouble has been expended in the procuring of land and erection of buildings, only those who have passed through a similar experience know. From the very beginning we have kept in view that our aim was to do Mission work, and to preach the Gospel, and not only to attend to the physical wants of the people. And we believe that God will abundantly bless the Medical Mission here, to the salvation of many of these poor heathen Chinese.

LETTER FROM DR. BAILEY.

THE NABLUS MEDICAL MISSION.

THE Medical Mission is just entering upon its second year of usefulness, and its course thus far has been certainly eventful and varied, but full of hope. As an illustration of the marvellous power Medical Missions have of opening to work amongst Moslems when every other way is closed, nothing could be more striking than the history of this Medical Mission. Nablus is a sacred city, containing, as it does, Jacob's well and Jacob's tomb, two of the very few sites in Palestine upon which Jews, Moslems, Christians, and Samaritans are agreed. The neighbourhood also abounds in other sacred sites more or less authentic, and "Welis" or shrines to Moslem saints are to be seen in every direction. Little wonder then that the inhabitants pride themselves upon their religious fanaticism, and for centuries past this place has enjoyed the unenviable reputation of being one of the most bigoted Moslem centres in Palestine, as too many travellers have found to their cost. Only two years ago, whilst passing through the town with my wife, before the Medical Mission was started, stones and curses were hurled at us Christian dogs, and many travellers can relate similar or worse experiences. Only about forty years ago, the fanaticism of the people being aroused by a traveller accidentally shooting an importunate beggar here, the Moslems in revenge turned upon the Christians, and all the Protestant congregation was dispersed. The missionary's house was entered, and all his furniture broken to pieces, and his servant left for dead on the road. When I explain that over 95 per cent. of the

inhabitants of the town are Moslems, and in the villages round the proportion is 99 per cent., it will not be surprising to hear of the power the Moslems have over the handful of poor Christians here.

Nablus contains 20,000 souls, and of these less than 700 are Christians (Greeks, Latins, and Protestants), 200 are Samaritans, and only about 70 Jews, who owing to Moslem hatred have never been able to obtain a foothold here.

There seems to be an impression in England that Palestine is well supplied with Medical Missions; but when I state that there is no other Medical Mission within 35 miles of this centre, and that the town and neighbourhood contains 145,000 persons dependent on this one Medical Mission, it will be seen how vast a field for work there is. There is no place in Palestine where the proportion of Mohammedans is so great, and no wonder the poor Christians are treated with injustice and contempt, for it is too true that the more religious a Moslem is the more does he hate and despise Christians and Jews. The "law of love" is not the law of the Koran; "peace on earth, good will to men" did not herald the coming of Mohammed.

During the last three or four years, the indifference or passive toleration with which the Moslems regarded the Protestants has changed into open and unjust opposition. All Moslem children were forbidden under severe penalties to enter our schools, and *not a single Moslem child has entered any of our schools here for the last four years.*

The Colporteur (who can travel about other parts of Palestine unmolested) was seized about three years ago in a village near, and brought under military escort to Nablus. He has been forbidden ever since to travel round, and no Christian dare open a Bible in a Moslem house now on pain of instant imprisonment. Only this year again another of our schools was entered without notice, the books seized, and the schoolmaster imprisoned without even a trial.

Work among Moslems through the ordinary agencies had therefore entirely come to a standstill, and at this crisis the Medical Mission was started. From the very first day crowds of patients have been coming, and the only difficulty has been how to meet the work. What is most interesting to note is that the proportion of Moslems has been steadily increasing, so that 86 per cent. of those that attend the Medical Mission are Mohammedans. Remembering the advice of an old Medical Missionary, "Begin as you intend to continue," we began from the very first day with a short service, reading the Bible, explanatory address, and prayers, and *never have we had the least disturbance during these services,* but the attention and earnestness of the people has been most striking. They readily agree with us that nothing can be done without asking God's blessing, and thus four times a week we hold our services with not less than 40 and often almost 100 persons. The majority of these would never hear the Gospel but for the Medical Mission, and only the other day I heard that it was a frequent topic of conversation in the "Khans" and cafés, that we Christians did pray, and that to the one God, a fact which was not believed, or purposely denied before.

The fear under which Christians labour in this fanatical city is well illustrated by the following :—After I had begun work here about two weeks, a poor woman was brought suffering from gangrene of the leg. The only course open to me was to amputate at once, and, having no accommodation for patients, I was obliged to do so upon the floor in her house, with only two inexperienced dispensers to help me. Before beginning the operation, I turned to a schoolmaster who was present and asked him to offer up a prayer for God's blessing upon the operation. It was a Mohammedan land, and several Moslems being present the schoolmaster said to me, "Remember, sir, we are in Nablus, and it is not safe to do so." I replied that unless we united in prayer we could not expect God's help, and so we all knelt down in the room and a short earnest prayer was offered up. The operation resulted most satisfactorily, and in a few weeks the woman was able to hop about the house on crutches, and is at this present time getting about upon a rough wooden leg manufactured by a local carpenter under my directions, till a better substitute is sent from England by some kind friend. In this and many other most critical cases which have most marvellously recovered, it has been obvious to me that God's blessing and help have attended our work, for many cases that seemed well nigh hopeless have done well. Other Medical Missionaries have told me that they have met with like experience, and have realised the marvellous power of the "prayer of faith." But our work was not to be allowed to progress without hindrance. Satan could not permit the Gospel to be heard unchallenged, and opposition, first hidden, then open, was aroused. Rumours reached me that the fanaticism of many of the Moslems was kindled by our holding services with the patients, and the Moslem town dispenser and unfriendly native doctors, who are very numerous here, made this enmity a tool for their evil designs. It appears that several years ago a law was passed that "no doctor might dispense medicines if a qualified dispenser was within reach." An excellent law, but, like all Turkish laws, one which is utterly disregarded, and is only put into force when convenient.

During the absence of the governor, the chief officials were bribed to put this law into force, and, without giving me any formal notice soldiers entered the dispensary quite suddenly one morning during my absence, turned out the patients, closed and sealed the doors. Not satisfied with closing the dispensary, the officials (who were bribed) would not even allow me to enter my dispensary to obtain medicines for my wife, who was dangerously ill at the time. Overwork and worry proved too much for me, and I too broke down; we therefore started for Beyrout to lay the matter before the consul, and to obtain a qualified dispenser to re-open the work. It was three months before we could return, owing to quarantine. When we did so the welcome we got was most surprising and gratifying, and I found that during our absence there had been an unusual amount of sickness here. What I heard on my return was so remarkable that I must relate it at length :—The official who was acting in the governor's place, and who had been bribed to close our work, had died during our

absence, and his death was due to dysentery, the very disease for which he had refused to let me get medicines for my wife. The judge who had given sentence against us had been dismissed, and, what is more remarkable, the very evening my telegram came to say we were returning he received his telegram of dismissal. We re-opened work on November 14th last, and since that time (seven and a half months) over 6,000 visits have been paid to the dispensary and to patients in their own homes. Several major operations and over 200 minor ones have been performed. During this time not only the poor have been attended, but all the chief officials, including Pasha, Mufti (Mohammedan Bishop), Judge, etc., have called in my services.

This Mufti is the man who caused our schools to be closed two years ago; now, however, he is one of my best friends, and has shown his affection in a very practical way by giving me £4 towards medicines for the poor, and by helping us with his influence in many ways. The way in which he became a grateful patient is interesting; the Moslem doctor who had been attending him during an attack of pneumonia told him that, if the last medicine he gave him did not do him any good, there was no hope of his life being saved. After taking this final bottle of mixture he felt no better, but instead of "putting his house in order," he sent for me as a last resource. With God's blessing he made a good and speedy recovery, and since then his gratitude has known no bounds—an embrace and kiss such as I got from this head of Moslem spiritualities are not to be forgotten soon. We have often talked together on religious subjects, and he told me that, at different times, over 200 Moslems had come to him about our holding services with the patients. He quite agreed with me that if we had any faith we must realise that without God's blessing and help we can do nothing. What could be better than to unite in prayer, and as an illustration of the power of prayer he mentioned the time when he was ill, and we both asked God's blessing upon the medicines and he recovered. And so, even in this fanatical Mohammedan centre, we are permitted to read God's Word and to witness for the Gospel. Now that schools, church, and Bible shop are practically forbidden to the Moslem, and the usual channels of Mission work closed, the Medical Mission has once again opened the only path by which we can reach these 145,000 Moslems in the Nablus district; healing the sick, preaching the Word, witnessing for Christ, preparing the way for the Gospel when the powers of the Evil One had almost prevailed.



Church Missionary Society.

Medical Mission Quarterly.

No. III. APRIL, 1893.

“Jesus went about all Galilee, teaching . . . and preaching . . . and healing all manner of sickness and all manner of disease. And His fame went throughout all Syria, and they brought unto Him all sick people that were taken with divers diseases, . . . and He healed them. And there followed Him great multitudes of people . . . And seeing the multitudes He went up into a mountain . . . and taught them.”—*Matt. iv. 23, 24, 25, and v. 1 and 2.*

All communications should be addressed to

THE HON. SECRETARY, MEDICAL MISSION COMMITTEE,

C.M. House, Salisbury Square.

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

LIST OF MEDICAL MISSIONS, APRIL, 1893.

MISSION.	STATION.	Founded.	MISSIONARY.	Date.	No. of Beds.	In-Patients.	Out-Patients.	Operations.	Remarks.
NIGER	Lokoja ..	1890	C. S. EDWARDS, M.R.C.S., L.R.C.P. ..	1888					
E. E. AFRICA	Frere Town ..	1887	E. J. BAXTER, L.R.C.S., L.R.C.P., Edin. ..	1877					
Ditto	Chagga ..	1891	G. WRIGHT, M.R.C.S., L.R.C.P., Lond. ..	1891					
Ditto	Uganda ..	1889	F. LAIRD, L.R.C.S., L.R.C.P., Edin. ..	1891	32	14865			
EGYPT	Cairo ..	1882	REV. R. STERLING, M.B., B.S., Dur. ..	1893	10	145	11120	214	
PALESTINE	Gaza ..	1891	H. J. BAILEY, M.B., C.M., Edin. ..	1890	8	10113		304	Temporary Hospital of 8 beds just sanctioned.
Ditto	Nablus ..	1886	H. M. SUTTON, L.R.C.P., M.R.C.S. ..	1886					
PERSIA	Baghdad ..	1879	No European Doctor at present time.						
Ditto.	Julfa ..	1881	H. M. CLARK, M.D., C.M., Edin. ..	1881	18	272	59672	2421	
PUNJAB	Amritsar ..	1878	A. LANKESTER, M.B., Lond. ..	1891					
Ditto	Dera Ghazi Khan ..	1892	A. JUKES, M.R.C.S., L.R.C.P. ..	1878	85	12190	258		
Ditto	D. Ismail Khan ..	1864	TH. PENNELL, M.B., Lond. ..	1892		270	19		In first month.
Ditto	Kashmir ..	1885	ARTHUR NEVE, F.R.C.S., Edin. ..	1881	70	619	23280	2198	
			ERNEST NEVE, M.D., F.R.C.S., Edin. ..	1886					
Ditto	Quetta ..	1885	S. W. SUTTON, M.D., Lond. ..	1885	28	7000			
			M. EUSTACE, M.D., Dub. ..	1889					
S. CHINA	Itinerant Missn. } Kwang-Tung }	1890	W. W. COLBORNE, M.D., Lond. ..	1890		†3344	†47		{ During a 6 months' tour.
Ditto	Pakhoi ..	1886	E. G. HORDER, L.R.C.P., Edin. ..	1883	231	7767	203		
Ditto	Fuh-Ning ..	1878	B. VAN S. TAYLOR, M.B., C.M., Edin. ..	1878	50	536	5227		
	Fuh-Chow ..	1893	W. P. MEARS, M.D., Dur. ..	1890					
			MRS. MEARS, L.K.Q.C.P.I. ..	1890					
Ditto	Nang-Wa ..	1889	JOHN RIGG, M.B., C.M., Edin. ..	1878	33	501	6885	244	
MID-CHINA	Ningpo ..	1888	F. W. BROWNING, L.R.C.P., Edin. ..	1890	35	233	5376	115	
Ditto	Hang-Chow ..	1871	D. DUNCAN MAIN, M.B., Edin. ..	1881	75	551	24410	737	
	Tai-Chin ..	1893	H. HICKIN, M.B., C.M., Glasg. ..	1887					
N. PACIFIC	Metlakatla ..	1889	VERNON ARDAGH, L.R.C.P., L.R.C.S. Edin. ..	1887	12	*860			*In 6 months.

The figures after each name denote the year in which the Missionary commenced work.

C.M.S. MEDICAL MISSIONS.

WE have decided to issue our "Occasional Paper" every quarter, and in future it will be known as the "Medical Mission Quarterly." Will friends who would like to have a copy regularly kindly send their name and address to the Publication Department, Salisbury Square. We hope to make the "Quarterly" a medium through which the Medical Missionaries in the field can communicate with their friends and supporters in this country, and therefore it will consist mainly of letters from Missionaries.

A year ago the Medical Mission Committee was appointed to collect funds and to advise occasionally on matters affecting the Society's Medical Missions. The Parent Committee has now thrown upon it the entire financial responsibility of the medical part of the Medical Missions, placing at its disposal a certain lump sum and asking it to take steps to raise the balance. Medical Missions are especially valuable where bigotry and fanaticism are strong, and we think that the more efficient a Medical Mission is the more rapidly and thoroughly will the opposition to the Gospel be broken down. We want more doctors, more nurses, more drugs, new instruments, more beds in existing hospitals, and hospitals where at present there are only dispensaries.

Our Lord was Himself (speaking with all reverence) the pioneer of Medical Mission work, and if in the early chapters of St. Matthew we were to alter the names of persons and places we might almost think that we were reading about the itinerations of a modern Medical Missionary. Are we using this divinely sanctioned plan of preaching the Gospel as we ought? There are at present in the field 163 Medical Missionaries with British qualifications, but of these only 24 are in connection with the C.M.S.!

The Committee most earnestly appeal to our readers to help in every way they can—by donations, annual subscriptions, or gifts in kind. We especially want ladies or gentlemen who will organize branches of the Fund in the different parishes throughout the country. We would suggest that there are many parishes where but little is done by the children, but where an energetic local secretary could very easily arouse interest in Medical Missionary work, and could raise £10 to support a bed in one of the Mission hospitals.

APPRECIATION OF MEDICAL MISSIONS.

THERE are signs of distinctly increasing interest in Medical Missions. The “Lancet” notices their reports, and comments favourably; the favourite Missionary illustrated, the “Gleaner,” has had Medical Mission numbers, to which we are indebted for pictures illustrating our own Mission. Special societies for supplying medical training to Mission candidates are increasing and receiving increased support, and the large Missionary societies are appealing for more qualified medical men.

So far, well; but the interest might well be more intelligent, and more thoughtful.

We must not be swept away with the mere idea, beautiful and Apostolic as it is, of relieving sickness and preaching the Gospel to thousands, and so fall in love with large statistics and popularly written accounts of suffering crowds and grateful patients.

To have good Medical Missions you must have *good medical men*, and *all these will not have similar gifts*; some may be hospital surgeons, others will be physicians; some will deal with crowds, others with individuals. The latter will often do the best work.

One fact is outstanding—*there is work for all* whatever their special gift, provided they are animated by the desire to heal the sick and preach the Gospel; there is a special work, an abundant work, and a work which, without them, would be left undone.

Another fact is this—if you have good medical men, however Missionary spirited (and the more of this the better), they will insist on efficient medical work. If the Mission societies do not appreciate the professional needs of the work, sooner or later there will in most cases be discouragement, and the whole work will suffer. Not only so, but other medical candidates are thus driven aside into careers with apparently more professional scope.

Let efficiency be one of the chief mottoes of Medical Missions; efficient men, hospitals, dispensaries, and sufficient assistants, instruments, drugs, and money. Efficiency and economy are near neighbours; extravagance does not live in the same street.

ARTHUR NEVE.

AMRITSAR MEDICAL MISSION.

DR. ARTHUR LANKESTER writes on February 22 :—Now that I have been at work for more than a year, I feel that I ought to send you some account of its needs and encouragements. But first I must express, as those who have already written to you have done, my great thankfulness for the efforts that are now being made at home to arouse and deepen interest in Medical Missions as an agency for spreading the Gospel. I only hope that, through the medium of the "Medical Mission Quarterly," friends and supporters at home may in some measure be enabled to join with the Medical Missionary in the joy of his work. For in spite of difficulties and discouragements—and they are many—it is a most joyous work, combining, as did our blessed Saviour Himself, the "healing of the sick" with the "preaching of the Gospel to the poor."

It has been my privilege to carry on temporarily the extensive Medical Mission in Amritsar and the surrounding district, over which Dr. H. M. Clark has for many years presided; and though the work has oftentimes been heavy, yet the way has been full of tokens of the Master's presence, and I feel that the experience thus gained will be of great value to me in the future.

Unable, from my ignorance of the language, to do much myself in the way of direct evangelistic work, I have made it my endeavour to co-operate as far as possible with the other workers in the district; and the Amritsar Medical Mission, situated as it is in the centre of a large and important group of Mission stations, gives great scope for such co-operation. Almost every day some patient, coming often from a considerable distance, obtains priority of entrance in virtue of his bearing one of the little "letters of recommendation" which I have distributed for the purpose among the various C.M.S. and C.E.Z.M.S. workers and the native agents in the city and surrounding districts. And it is often possible after a successful operation, and after the teaching which has been given in the ward, to arrange for the effect to be followed up at the patient's own home, perhaps many miles distant, by the Missionary under whose care his village may be. As regards the general work of the Mission, I need add nothing to what Dr. Clark has said in his paper in the "Gleaner" of last July, to which I would refer my readers. The work at the central Hospital in Amritsar, and at the three branches at Narowal, Jandiala, and on the banks of the Beas river, has gone on regularly throughout the year. While stationed here in Amritsar I have paid a regular weekly visit to the dispensary at Jandiala, which is only eleven miles distant, so within an easy ride, have gone out at less regular intervals to the Beas, and have paid five visits, for periods of from three days to a fortnight, to Narowal, which is far more difficult of access. It is perhaps at the latter place that I have had the most encouraging signs of the value of Medical Mission work. There, living as I have done with Mr. Bate-man in his little house in the town, very near to the Hospital, there has been every facility for that close union of the spiritual with the

medical work which is so all-important, and in regard to which I alone could do so little. There has been the busy morning of work among the out-patients, followed often by one or more operations, and in the evening, and on Sunday afternoons, we have often gone out together on foot or on horseback to some one or more of the numerous villages around, where, after Mr. Bateman has held a service, or taught a little company of enquirers, there have usually been cases of sickness brought for me to see. There have been many definite tokens of blessing on the work of the past year, many cases where new friendships have been formed, closed doors opened and the Missionary's way smoothed, as a direct result of the medical work. There are two or three special cases of people who are just now seeking after light, about whom I hope to be able to give good news later. The native workers have laboured well and earnestly throughout the year. Most of them, I am very thankful to say, are in a very real sense spiritual as well as medical agents. One of their number, a "dresser" at the Amritsar Hospital, and a faithful follower of the Master, was removed from us by death in the summer (from cholera). The year has been an unusually unhealthy one; the fact that the medical aid given has been appreciated by the people is evidenced by the numbers that attend for treatment. Taking the Amritsar Mission, with its branch stations, upwards of 60,000 attendances were registered during the past twelve months. The work receives practical recognition from Government in the shape of substantial grants-in-aid, not only to the Amritsar Hospital but also to the branches at Narowal and Jandiala.

We have just had the joy of welcoming Dr. Clark back again to the Punjab, and are looking forward to times of great blessing in the near future. Now that there are to be two Medical Missionaries at Amritsar, we hope that the work in all its aspects will be more efficiently carried on, especially as regards the out-lying districts. We hope more especially to develop the work of the Mission as a centre for training of native agents for work in the villages. You have asked us to mention needs. I think that I may say that we are now fairly well supplied with drugs and instruments, but we need money to enable us to increase our staff and to proceed with several much needed improvements in our various branch dispensaries.

Above all we need your earnest prayers—the natural outcome of an intelligent interest in this as in other branches of work in the Lord's vineyard. In case this may meet the eye of any "Medico" not yet settled in his future sphere of work, may I say, in closing, that at the end of my first year, I am more than ever thankful that the Lord guided me to become a Medical Missionary. May many more be thrust forth in his own time to occupy the many vacant posts!

HANG-CHOW MEDICAL MISSION.

LETTER FROM DR. DUNCAN MAIN.

I WAS delighted to see, from a newspaper sent to me the other day, that you had a very encouraging meeting at Nottingham in connection with the British Medical Association, and I most sincerely hope that the work of the Medical Mission Auxiliary will be greatly blessed, and that soon we may be participators in its fruits.

At present we are not able to cope with the surrounding needs. The demands on our generosity are too great, and one does deplore very deeply the necessity of curtailing our outlay at the expense of our usefulness, and being forced to let golden opportunities go past unimproved for want of funds. I hope the time is not far distant when we shall be fully equipped with medicines, and possess every requisite for increasing and extending our work and influence.

No one is better suited for making his way amongst the people, overcoming their prejudice, narrowmindedness, and superstition, than the Medical Missionary, and it is a thousand pities that his work should be limited for lack of means.

The work goes on here with much encouragement; there are at present several patients most hopeful enquirers and applicants for baptism. One man, a carpenter by trade, has already suffered a great deal for his profession of faith. All his neighbours are down upon him for believing the "foreigners' doctrine," declaring that we gave him pills that made him believe and take down his idols. His reply to them was that it was God that gave him the pills, and that if He gave them one they would also believe. Another enquirer is an old man about seventy with rheumatic gout. He told us that he came to the hospital not so much for his rheumatism, but that he might hear the Gospel. He said that his daughter had been a patient in our female ward (Mrs. Main's), and knew all about our Jesus, and had told him to come so that he also might hear about this Jesus who came to save sinners before he died. Before his daughter went to the Hospital he had never heard the name of Jesus. Oh, how sad! There are untouched multitudes all around, the darkness that abounds is appalling, and the wretchedness and misery which prevails on every hand is beyond conception by those who have not felt its darkness and blackness press upon them. Yes, we long to purify and brighten the atmosphere, and stretch out the hand of kindness and heart of loving sympathy to those that are in distress and calling upon us to help them and save them. Pray for us that we may have grace to do our work with burning zeal, and that the magnitude of the work to be done may not paralyze us, but may stimulate us to greater faithfulness, unselfishness, and brotherly love.

May the Lord bless you much in your labour of love, and give you great success in your work for the cause of Medical Missions.

The following extract from Dr. Duncan Main's "Annual Letter" will also interest our readers :—

The doors open to the Medical Missionary are legion. The difficulty is not to find them, but to find time to enter them. We know nothing about trying to get near to the Chinese, our difficulty has always been to get far from them. We are the centre of gravity, and they gravitate to us without difficulty. Unfortunately the demands upon our hands and hearts are much greater than our supply. However, I hope the day is not far distant when we shall see the Medical Missionary Auxiliary coming to our aid, and providing us with every requisite for maintaining and extending our work and influence. It is sad when we have to curtail our outlay at the expense of our usefulness, and be forced to pass by open doors because we are empty-handed. No one is better suited to make his way amongst the Chinese, overcome their prejudice, and disarm their suspicions, and to bring to them the healing message of the Gospel, than the Medical Missionary, and it is a great pity that he should be crippled for lack of funds. In a benevolent work like ours, where we try to reach the hearts through practical kindness, a properly equipped Hospital is a *sine quâ non*. Of course we endeavour to make it prominent that our charity is only for the sick poor, and we encourage the patients to assist towards their own maintenance, while receiving physical and spiritual benefit. It is good for the Chinese to try and help themselves, and it helps the patients to retain that self-respect which the objects of charity too often lose. Still, very many of our patients are miserably poor, and it is impossible to carry on our work without considerable outlay.

Dispensary Work.—In the dispensary we have treated something like 10,000 new patients, and we have had many opportunities for relieving pain and cheering the suffering. Dispensary medical work is not very satisfactory. The Chinese are very impatient of recovery, and if the first dose of a six-ounce mixture does not have effect as soon as it is swallowed, they are inclined to combine some native drug, which may spoil the effect or kill the patient. Again, if drugs are not very nauseous, they put them down as cheap and ineffectual; however, we have not much difficulty in pleasing them on this point. All heard the Gospel, and although many of them are too much occupied with their troubles to think of anything else, still most of them listened to the Gospel story with attention and interest, and carried it away in hand, breast, or heart to their homes, scattered throughout the length and breadth of the province.

Hospital Work.—The Hospital is one of the most important centres in the province. Over 500 in-patients have been treated during the year, and most of them suffering from long-standing chronic diseases which had baffled the Chinese physicians. Not a few were brought to us in the last stages of disease and beyond the reach of medical aid, and some were actually brought to us after life was extinct. The success of the medical part of the work has been great when the difficulty of treatment is taken into account. For spiritual work the Hospital is our harvest field. In the wards we not only preach but

practise Christianity—something that even a Chinaman can appreciate. Most of the patients remain long enough with us to get a fair knowledge of the Gospel, and when they go home they take with them a more or less clear conception of the truth. In the wards there are precious opportunities for closer spiritual dealing than is possible in the chapel or in a public address. We have sought through the administration of medical relief to advance the cause of Christ, thus combining the healing of the body with the curing of the soul, in accordance with the words of Scripture, “He sent them to preach the kingdom of God and to heal the sick.” Yesterday the Bishop baptized thirteen, most of whom were brought in through the Hospital. There are others who were baptized some months ago who were the direct fruit of the Hospital.

LINEN RAG SOCIETY

IN CONNECTION WITH C.M.S. MEDICAL MISSION FUND.

Patroness—LADY KENNAWAY.

THIS Society was started in January, 1892, for the purpose of providing C.M.S. Hospitals with Linen, Cotton Wool, Lint, Sheets, Blankets, Flannel and Bandages. All members are asked to send to the Hon. Sec. not less than a few old handkerchiefs, or a small bundle of linen or lint once a year. We have already received 26 sheets, 81 pillow cases, 280 handkerchiefs, 217 roller and triangular bandages, and 272 knitted eye bandages. Five bales have been sent out:—In Feb., 1892, to Dr. A. Lankester, Amritsar Hospital; in July, 1892, to Dr. Andrew Jukes, Dera Ghazi Khan; in October, 1892, to Dr. Martyn Clark, Amritsar; in December, 1892, to Dr. B. Van Someren Taylor, at Fuh-Ning; in January, 1893, to Dr. Laird, at Cairo. The sixth bale has just gone with the Rev. Dr. Sterling to Gaza. We are now preparing our seventh package. Several kind friends have contributed to the Society, who are not members. One lady, who has a class of poor “doorstep” and “flower girls,” interested them in the work of the Society, and they have made several eye bandages. No subscription in money is asked, though small donations are thankfully received for the expenses of the Society in forwarding parcels, stamps, etc., or in buying bandages and lint for members who cannot manage to send linen. The Missionary Leaves Association has been most kind in sending out our packages.

Dr. A. Lankester writes:—“I heartily thank the Linen Rag Society for their most useful contributions. The very next day after their arrival, I noticed that my House Surgeon handed me (for a very special case) a piece of a fine handkerchief, with initials worked in the corner. I thought if the owner had seen it, she would have been always glad to send her old handkerchiefs to the L.R.S. A lady’s handkerchief, which has been worn quite into holes, is usually a very soft thing, and this is just what we very often want.”

Dr. H. Martyn Clark writes :—" You cannot think how cheering it is to have partners at home. The list of good things you are sending is distinctly encouraging. May you and your Society be blessed in the sending, and we, the partners out here, be blessed in the using."

Dr. Andrew Jukes writes :—" I have to thank you and your Society very heartily for the grant of old linen, bandages, and lint kindly forwarded to me through the Missionary Leaves Association. All the things are most useful and welcome."

Dr. Arthur Lankester has started a branch of the Linen Rag Society in Simla, and a parcel of linen has been already sent to the Hospital. Any further information about the Society—also reports, members' cards, and directions for making bandages—can be had from Miss E. M. Ware, Hon. Sec., Linen Rag Society, 13, Stafford Terrace, Kensington, W.

A MEDICAL MISSIONARY'S JOURNEY.

TWO years ago, in the early spring, I was travelling to England by the Persian Gulf, Euphrates Valley, and Palestine. This is a route that gave me opportunities of visiting several Medical Missions, about which a few words may interest your readers. The whole region is under the dominion of the Turk, and every obstacle is put in the way of the proclamation of the Gospel. A great part of the country is overrun by nomadic Arab tribes, which are usually fanatically Mohammedan.

In such circumstances the ordinary evangelist has little chance of obtaining a hearing, and his message exposes him to contempt and persecution. I travelled up the Tigris with two very zealous and interesting Protestant Christians, who had recently been beaten and thrown into prison.

Each Mission Dispensary is like a solitary beacon light.

Basreh is an important and rising port on the Shatt-el-Arab, below the confluence of the Tigris and Euphrates. The district below on either side of the river is famed for its date groves, which supply the markets of the world. Long caravans of camels bring the produce of eastern Arabia.

For hundreds of miles around there is no messenger of the Gospel. But at the time of my visit, Dr. Eustace, now of the Quetta C.M.S. Mission, was working there, and at his own expense, with the help of a few friends, had a free dispensary, which was much appreciated by the poor of Basreh. More than one Mohammedan had begun to read the Bible. But in such a town the work would be very up-hill. Christianity is judged by the behaviour of European sailors, or by the insignificant communities of Chaldean or other Oriental Christian sects, and has been found wanting. It is sad to think of the great but, as a rule, thinly populated regions of eastern Arabia, without at the present time any witness for a living Christianity. The grave of Bishop French, at Muscat, and the now empty dispensary of Dr. Eustace, are a witness against those who sit at their ease while millions remain and die in the darkness.

It appeared to me that at Basreh a Medical Mission might be almost self-supporting, as there are many European residents who would assist.

Another place suitable for Mission work is Bahrein, a large well-populated island under British protection, and quite the most important trading centre for eastern Arabia.

At the time of my visit to Bagdad, Dr. H. M. Sutton was on furlough, and the dispensary had been shut up by order of the Porte as the result the baptism of a moullah. Although the work had been but a short time established, it had won great favour with the people.

A lady friend who visited Bagdad the year before me was particularly struck by the warmth of the welcome to Dr. Sutton in many Mohammedan houses and harems. He is fortunate in having a very capable and intelligent Christian dispenser, Daud. The Romanists are carrying on an active propaganda at Bagdad, principally among the old Christian sects, and as they recently tried to start a Medical Mission, we may say that "imitation is the sincerest flattery."

From Bagdad to Damascus is 550 miles, a distance which the desert camel-post usually traverses in 9 days. I was allowed to accompany the postman. Although most of the way is comparative desert, there were numerous Bedouin encampments. We stayed for a few hours at several of these, and frequently patients would apply to the "Hakim Inglisi" for medicine. I wrote a few prescriptions and told them of the English doctors at Bagdad or Damascus. Some of these nomads were semi-savage, and some habitual brigands. It is possible that I may have owed my immunity from robbery to my profession and nationality, for on one occasion we were chased by Bedouin horsemen, and driven into an ambush; but the robbers did not even explore my saddle-bag, which held all my luggage. On the evening of the tenth day out from Bagdad, having been 30 hours out of the previous 36 hours in the saddle, I arrived at the fortified village of Dumer. Here I heard of the reputation of the Medical Missionary at Damascus, still a day's journey off. I was told that "Macki Sahib" was the "Ahwal hakim," the head physician of the city. The people here seemed specially friendly; one man asked for a French Testament which he saw me reading. My Mohammedan host was very pleasant, and when I opened my camera, quite a bevy of fair Mohammedan beauties came to join the group. It seemed to me that an itinerating Medical Missionary able to preach in Arabic would have a warm welcome among the nomad tribes, as well as in all the towns on the desert frontier. Dr. Mackinnon, of Damascus (Edin. Med. Miss. Society), has already tried such work, visiting the uplands of Gilead and Bashan. His reputation attracted the wild Bedouins from far and wide, who circulated the most marvellous stories of his operations.

The Damascus Medical Mission has not been in existence many years. But the doctor is so besieged with patients that almost as many have to be turned away as are seen; and the in-patient accommodation is most insufficient. But a firman has been obtained, and when Dr. Mackinnon returns from his working furlough a building will be erected

more worthy of the work. The ruins are still visible in Damascus of the houses burnt by the fanatical Mohammedans about 30 years ago. But the racial and religious antagonism has greatly subsided, although Christians might still be insulted in the suburb Salihiyeh. Nothing contributes more to such a desirable change than a Medical Mission. I accompanied the doctor on many private professional visits ; now to the Europeanized establishment of a Turkish pasha ; now to some poor Mohammedan harem ; or again to the Greek Archbishop's. All doors seemed equally open to the physician.

Although much of the city has been renovated, there are still lanes and bazaars which are like a page of the "Arabian Nights."

Towering up from some of these is the great Mosque, formerly a church, on which has been discovered the unerased inscription of pious Byzantine Christians of old : "Thy Kingdom, O Christ, is an everlasting Kingdom, and Thy dominion endureth throughout all generations." Which thing is a prophecy and a parable.

The Irish Presbyterian Church has a flourishing congregation in the city ; and the Missionaries assist Dr. Mackinnon at his Hospital in teaching the patients. In the country round Damascus I often felt as if there was some illusion ; that I must be in some unfamiliar part of Kashmir. The snowy ranges, the flat green plains with gleaming rivers, marshes, and lakes, the lines of poplars and willows, with occasional walnut trees, all of them bare, constantly carried me back in thought to the Himalayas and the Happy Valley. A. N.

QUETTA MEDICAL MISSION.

WHEN one remembers that twelve or fourteen years ago the name of Quetta was a household word, one is liable to be astonished at finding how few people there are who now know anything at all about Quetta. The difference between *then* and *now* is simply this, that *then* Quetta was the scene of war, *now* it is the scene of peace. When England was engaged in an Afghan war, every one was watching with the keenest interest the progress of our troops from the north-west of India to Kabul and Kandahar in Afghanistan, and everyone understood that, while one column was marching from Peshawar through the Khyber Pass towards Jalalabad and Kabul, other troops were wending their way through the Bolan Pass, thence by way of Quetta to Kandahar. Since the stirring events of a frontier war have given place to the monotonous hum-drum of peace, Quetta has become forgotten, and has lost its interest to those (and they are many) who forget that "Peace hath her victories no less renowned than war."

When first I went to Quetta as a messenger of peace and goodwill, I too travelled by the way that many of our troops had gone, by way of the Bolan Pass. Quetta lies on the direct route from the head of the Bolan Pass to Kandahar. Though in all its essential features it is an Afghan town, yet it is really in Baluchistan. Roughly, the line of 30° north latitude marks the boundary between Afghanistan and

Baluchistan, and Quetta is almost on this line. It will be readily understood, then, that the native population will be a mixed one, composed of Afghans from the northern, and of Baluchis and Brabuis from the southern country. Though these people speak different languages and show some decided differences of character, yet there are some bonds of union between them. To begin with, they are all Mohammedans, all ignorant, some bigoted and fanatical; and as such they are all adverse to the "infidel" Christians who have come in such large numbers to their country. Then they are all patriotic, and they all remember the wars they have had with the English; nor do they ever forget that in the first war the "infidels" came off second best. Then again, they can never shut their eyes to the very plain facts that Quetta is now a strong fortified British garrison, holding some 4,000 troops, that thirty miles further on towards Kandahar there is the Pishin Fort occupied by our troops, and that the railway has been carried still farther in the same direction, piercing through the great Khojak mountain.

Thus the difficulties that Missionaries have to contend with in trying to work amongst such a people arise from three different causes—the difficulties from the variety of languages spoken, the opposition to Christianity of bigoted Moslems, the feelings of animosity towards the European invaders; these have to be met and overcome. To meet and overcome these difficulties, can any one suggest a better or a more powerful agency than a Mission Hospital?

The Church Missionary Society has now a grand opportunity for work in Quetta, and in numerous neighbouring villages, through the agency of its Medical Mission. The out-patient department of the Hospital is in a flourishing condition, and is working very satisfactorily. The in-patient department is certainly not yet in so flourishing a state, and simply because our friends in England have not yet altogether realised our difficulties. "It is so easy to keep up a Hospital in India," is a remark I have recently heard. But then Quetta is not in India, and the remark, even if true for India, is certainly not true for Baluchistan. We want a great deal more support for our wards. The cost annually of a bed is about £10, and I calculate that we now require fresh annual subscriptions to the amount of £180.

A great impetus was given to the work of the in-patient department last year by the very welcome arrival of Dr. Eustace. And I would thankfully record the fact that our house surgeon, dispenser, and dresser, are all Christians, and help materially in the work of evangelisation as well as in the routine work of the Hospital. Our dispenser is the son of the Rev. Qasam Khan Nahmaiah, of Sukkur; the house surgeon was trained at the Medical Missionary Training Institute in Agra; and the dresser is an Afghan convert from the Peshawar Mission School. A pamphlet called "Quetta Medical Mission," with illustrations from photographs by Dr. Eustace, to be obtained from the Publication Department, C.M.S., Salisbury Square, gives further interesting details.

S. W. S.

NABLUS MEDICAL MISSION.

WORK amongst Moslems, even under most favourable circumstances, must and always will be humanly speaking full of difficulties and discouragements. But when the work is under Turkish jurisdiction, and is in a city which has always been noted for fanaticism, it is doubly trying and discouraging, and we who are labouring here need special grace to keep us from desponding and from participating in the deadening influences which surround us.

The obstacles in the way are three-fold:—

1. The near approach of the Mohammedan religion, on many points, to the Truth.
2. The corruption and deadness of the Eastern Churches and numbers of those who profess Christianity.
3. The want of religious liberty under Turkish rule and Moslem intolerance.

The first of these makes the difficulties in the way of convincing a Mohammedan of the need of a Saviour very great, but till the need of Salvation through the Saviour of mankind is felt, our preaching will be in vain. The second causes Christianity to be despised and avoided, for “a corrupt tree cannot bring forth good fruit,” and “by their fruits shall ye know them.” The third difficulty is an obstacle which the evil one knows too well how to put into the way of many a Nicodemus, for even should a Moslem be convinced so far as to see his need of a more excellent way, he is brought face to face with a new difficulty which makes him shrink back from learning more of the religion of Jesus Christ. The broad and easy path which leads to the Paradise which Mohammed promises his followers must be left for the narrow and dangerous path, to enter which, home and friends, it may be also country and possessions, must be left behind, and danger, uncertainty, and privation faced. We know of many mentally convinced, but who lack the moral courage to confess Christ. Only last week an officer here was suddenly cut off by apoplexy. He had often professed to be convinced that Christianity was the true and only way, but he could not make up his mind to face the difficulties and dangers which would certainly overtake him if he openly professed his belief. But the Grace of God is sufficient not only to convince and convert, but to surmount all difficulties, and we must therefore wield our only weapon of offence and defence against the evil one the more earnestly. Will you join with us in prayer that those working amongst Moslems may be specially strengthened and encouraged; that those who believe secretly may have grace given them to confess Christ boldly and openly; that more labourers may be sent to preach the Gospel amongst Moslems. Let me appeal to all who read this letter. Brethren, pray for us, and let us, thus knit together, become fellow-labourers in the conversion of the Mohammedan world. Let us realise that we are fellow-labourers in this great cause, for without your prayers we cannot prevail. Has our want of success been due to your neglect of prayer on our behalf? The armies of Israel did not prevail against the Amalekites when Moses’

hands grew feeble. Do our labours avail not because our fellow-labourers at home are not raising their hands and hearts to God, who alone giveth the victory? Let me beg all those who read these words to pray for us more earnestly, and then we shall gain the victory; and when the Mohammedan is converted, and the harvest gathered in, we each shall bear our share to the Lord of the harvest. Yours will be the joy and the glory as much as ours; you who cannot come out to the Mission-field, but are doing all you can as fellow-labourers together with us, shall take an equal share in the spoils; for as King David decreed (I Sam. xxx. 24), "As his part is that goeth down to the battle, so shall his part be that tarrieth by the stuff: they shall part alike."

Our Medical Mission has continued through another year to do the work of healing the sick and preaching the Gospel. Over 10,000 visits have been paid to the Medical Mission Dispensary, or to patients in their homes; and allowing the usual average of two visits to each patient, 5,000 persons have thus heard the Gospel preached. During the year we have had 172 services with patients, and the average number of patients at each service has been about 50; of these, 86 per cent. are Moslems, and most of them have at our Medical Mission heard the Gospel preached and the Bible read for the first time. "My Word shall not return unto Me void," and so the good seed has been sown broadcast. The full corn in the ear, in the shape of definite conversions, it has not been our privilege to see, but we find the people more grateful, more willing to hear, and less hostile to the religion of Jesus Christ.

This year I trust we shall be permitted to have two other most necessary agencies at work, without which no Medical Mission is complete. First, we require a Biblewoman Nurse, to work amongst the women, for the women attend the Dispensary even in greater numbers than the men, and I am happy to find that this year many even of the better classes now begin to attend our Medical Mission, a clear sign that prejudice is being broken down. From the first I have found the Moslem officials and richer classes quite ready to ask me to attend their wives and daughters in their homes, and during the last two months I have been twice called in to attend Moslem women during confinement, some serious complications having arisen. To allow any man to attend such cases was unheard of before, and I am thankful to say that, in answer to our earnest prayers for help, both cases recovered. But there has always been a reluctance on the part of the richer Moslems to allow their wives to attend the Medical Mission Dispensary. Now that I have set apart two days a week specially for women and children only, their reluctance has been overcome to a great extent, as they know all will be treated with equal kindness, and what we should call Christian courtesy. This speaks well for my native dispenser and assistant, the former being a true Missionary. But we need very urgently a Biblewoman Nurse to speak with the women individually, and follow them to their homes. As to the Hospital, I need add little more to what I have written on former occasions. Heart breaking it is to have to refuse cases which have come, often as much as three days' journey, their money spent, no friends to look after them, and

strangers to this part of the country. Only a few days ago, a poor black fellow, a slave, was brought to our Dispensary, and laid upon the floor, having been carried for the sake of cheapness upon a camel two days' journey. I had just arranged to have him looked after in a Khan (Eastern Inn) close by, and promised to send him soup, etc., from my house, when we were told his master was a rich Moslem. We summoned his master, and he most politely promised to look after the poor man and carry out our instructions, and so we entrusted the man to his care. What was my grief next morning to hear that the slave was dead. Finding that the case was almost hopeless, and that his outlay would probably be lost, his Moslem master, in spite of his promises, had left his poor slave with only a coat to cover him and a little straw to lie on in a room open to the air. Cold during the night and want of proper care had caused, or at any rate hastened, what might have been avoided, and the poor slave had no one to comfort him during his last hours. If we had a Hospital, at least he could have been shown some Christian sympathy and comfort, and his last hours would have been less full of pain. But brighter prospects still are open to Hospital work. The man might have recovered, having learnt such kindness and sympathy as he had never before known during his sad life. He would have learnt to know of a Saviour who came to set the captive free, and when he returned to his place he would have spoken to all of what he had heard and realised. Allow me to appeal to all who have ever suffered pain and sickness, privation, or want of sympathy; but think what it must be to have suffered all these together!

This sad case, added to others, cast quite a gloom over us for some time, but we are saved by hope. In the whole of Palestine there is no other Mission Hospital for Moslems except at Jaffa, under another Society, now that the Gaza work is closed for a time. Long before the end of next year, God grant that this may be the case no longer. As I began so would I close, with a still more earnest appeal for what we need first and foremost, and that is prayer. "I believe in the Holy Ghost," is the keynote which gives the Gleaners' text for this year, "Rivers of Living Water." To get the rivers of living water, let us go straight to the fountain head of the Water of Life. Let us unite, my fellow-workers in Christ, in prayer for the conversion of the followers of the false prophet, and, like our Lord's Disciples when praying with one accord in Jerusalem, we shall soon hear the mighty rushing sound.

H. J. B.

[Since this was written, the Committee have sanctioned the establishment of a temporary Hospital, to contain eight beds. One lady has forwarded a cheque for £200 to endow a cot. Will no others come forward and support a bed or a cot?]

Church Missionary Society.

Medical Mission Quarterly.

No. IV. OCTOBER, 1893.

“Jesus went about all Galilee, teaching . . . and preaching . . . and healing all manner of sickness and all manner of disease. And His fame went throughout all Syria, and they brought unto Him all sick people that were taken with divers diseases, . . . and **He healed them.** And there followed Him great multitudes of people . . . And seeing the multitudes He went up into a mountain . . . and taught them.”—*Matt. iv. 23, 24, 25, and v. 1 and 2.*

All communications should be addressed to

THE HON. SECRETARY, MEDICAL MISSIONS COMMITTEE,

C.M. House, Salisbury Square.

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

Medical Missions Committee.

T. E. BURTON BROWN, Esq., M.D.,
C.I.E.

ALBERT CARLESS, Esq., M.B., M.S.,
F.R.C.S.

THOMAS CHAPLIN, Esq., M.D.

EDMUND DOWNES, Esq., M.D.

C. F. HARFORD-BATTERSBY, Esq.,
M.D.

MAJ.-GEN. HUTCHINSON, C.B.,
C.S.I.

HENRY MORRIS, Esq.

F. PETERSON WARD, Esq.

HERBERT LANKESTER, Esq., M.D.,
Hon. Sec.

Subscriptions and Donations, either towards the General Medical Missions Fund or towards the expenses of any special Hospital, may be sent to the Hon. Sec. of the Medical Missions Committee, or to the Lay Secretary of the C.M.S.

Money sent to support Cots will be immediately forwarded in accordance with the wishes of the donors.

CONTENTS.

	PAGE
EDITORIAL NOTES	3
ADDRESS BY DR. SARGOOD FRY .. .	8
LETTER FROM THE REV. DR. STERLING .. .	10
" " DR. NEVE .. .	14
" " DR. COLBORNE .. .	16
" " DR. RIGG .. .	18
EXTRACTS FROM LETTERS FROM REV. W. ST. CLAIR TISDALL AND DR. BAILEY .. .	20
STATISTICS FOR 1892 .. .	23
HYMN .. .	24

C.M.S. MEDICAL MISSIONS.

IN our last number we expressed the hope that this paper, which had been "occasional," might now be issued regularly each quarter. We do not wish it to be filled with "articles" on Medical Missions, but to be a medium of communication between the Society's Medical Missionaries and those who are interested in Medical Missions. Somehow each Missionary thought that the others were writing, and so we had really nothing to publish last July, but we hope this will not occur again. We know that many of those who are working as Medical Missionaries in distant lands have their hands almost more than full; but we want to help them with money and men, and cannot do much in that way unless we are kept informed of their work and needs.

We are giving in this number some statistics of the C.M.S. Medical Missions, based on the Returns for 1892. There are unfortunately great gaps in some of the columns, but the Returns were made on new forms, and our Missionary friends were not able to give us all the particulars we asked for. We hope that this will be remedied in the Returns for this year.

We have received a very interesting report of Dr. and Mrs. Duncan Main's work at Hangchow. Last year there were over 600 in-patients in the men's wards, and Dr. Main says, "they were not only able to preach but to practise Christianity." He has eight young men training as Native Medical Catechists. With regard to dress he expresses his opinion thus:—"It is not necessary, at least in this part of China, for the Medical Missionary to adopt native dress and native habits in order to get near to the Chinese; with him the difficulty is rather how to get far from them." He says, "We can speak of at least ten who were baptized last year as the direct fruit of the Hospital." Mrs. Main, who takes charge of the women's ward, had 105 patients under her care, and she says, "Very few, if any, have shown any reluctance to be taught, and most of them have gladly welcomed the teaching that has been given. Patients

of every age, from 14 to 70 years, have been treated, and the greater number cured. With many it was impossible to do anything, their diseases being of many years' standing and past recovery; but some of these did not leave the Hospital without receiving and accepting the truth that the God who created them could also redeem their souls from sin." Mrs. Main is very anxious to rebuild the women's part of the Hospital, but we hear that she cannot start till she has another £50.

Many of our readers may have noticed in the reports issued by some of our Medical Missionaries, that the Medical Missions Aid Society of Ireland has often helped them by liberal grants. There is indeed abundance of room for its work as well as ours; but we are glad to be able to announce that that Society, while retaining its own independence, has arranged to make its grants in co-operation with us. We would not, therefore, in any way wish Irish friends of the C.M.S. who are supporters of the M.M.A.S.I. to join us instead; but they might, when sending their gifts, express the desire that they should be used for C.M.S. Missions.

If all the Medical Missionaries who were on the list had been present at the Exeter Hall meeting on the 26th ult., we should have had five medical men on the platform. Dr. S. W. Sutton had gone back to his work at Quetta, and we shall soon expect to hear that, at that far outpost, much is being done by the two doctors to break down the animosity which the Afghans have to the Gospel. Dr. Harpur is going back to his old work at Cairo, which he was obliged to give up for a time on account of his wife's health. Dr. Gaskoin Wright, who had to come back from Uganda on account of his own health, will probably take up work in Palestine. Of the new Missionaries, Dr. Summerhayes goes to Dera Ghazi Khan to help Dr. Jukes; Dr. Adams to the Punjab, probably to open another Mission somewhere on the frontier; and Dr. Smyth to Ningpo. At the Committee Meeting just held, we were very glad to hear that the Rev. W. St. C. Tisdall is to have a European Medical Missionary at Julfa, in the shape of Dr. Donald Carr, who has just been "accepted." Only four new medical men, and so many are wanted! We are looking forward to the time when most of the clerical Missionaries, to Mohammedans at any rate, will have medical colleagues.

The following extract from the "Punjab Mission News" will be read with great interest :—

"For 24 years has the sower at Tánk waited; and at last he has been graciously permitted to enjoy the first fruits, a Mohammedan having come forward and asked for Christian baptism. The man had been employed for many years in dispensary work by the Rev. John Williams, and had been an enquirer for some time. His becoming a Christian caused such a stir among the people at Tánk, that it was considered expedient for an English Missionary to be present; so on January 13th the Rev. F. Papprell left Dera Ismail Khan, and on the following day he had the joy of baptising this man. The new convert has had to pass through deep waters, his relations and friends having persuaded his wife to leave him, and we hear at present that he almost seems ready to give way or sink beneath the storm.* We can but pray and trust that his faith may not fail. At Dera Ismail, Dr. Pennell has begun medical work, and sees about 30 or 40 patients every afternoon, they listening first to a Gospel address from the native pastor, or, when many Patháns are present, from the Catechist, who speaks and reads to them in Pashtu. Mrs. Papprell has a number of women patients every morning, and all, both men and women, appear to listen with interest to the Bible reading. Though the ground on which we sow seems hard and stony, we rest upon the promise, 'My Word shall not return unto Me void.'"

John Williams, who is an ordained native doctor, asks very earnestly for a small Hospital, even if only large enough to hold five or six beds. He says that sometimes patients have died, literally because he has had no accommodation for them, and there was nowhere else for them to go. A little over £100 would probably pay for all he wants. Cannot someone send it?

The heathen see the value of Medical Missions, and the *Arya Patrika* (a native Indian paper) suggests that the Arya Samaj should strive to spread its tenets by means of "Medical Missionaries"!!

The *Arya Patrika* says:—

"The Christian Missionary understands only too well what wonderful results might be achieved by relieving physical pain. He knows that to convince the non-Christians that he cares for their souls, he must first convince them that he cares for their bodies. He is aware that spiritual service is seldom more readily welcomed and accepted, than when it follows a service to the gross covering which clothes the spirit. It is for this that he makes a point of entering every village he visits equipped, if possible, with a small box of medicines. It was a Mission-

*Since the above was written, we grieve to hear that the convert at Tánk has not been able to stand the storm of persecution. Let us pray that he may receive the strength he so much needs.

ary's skill in curing physical ailments which opened the way for spiritual operations to his brethren in India. The lesson, which the history of the Moghal Empire in India teaches, is not lost upon the Christian propagandist, and he is doing his best to profit by it.

The Arya Samaj must not despise this lesson. It must have its Missionary doctors and its charitable dispensaries like the Christians. It must organise societies and associations, with the express object of helping the sick and suffering, of affording ready and prompt assistance to all who may from time to time require their services. These bodies must of course contain only those men who are pre-eminently self-sacrificing. That the Samaj is in a position to form such bodies no one need doubt. There are many Arya Doctors, and if they could afford to place their services at the disposal of the Samaj *gratis*, we should not find it hard to find active and self-sacrificing young men to co-operate with them and supplement their efforts."

We find that children are especially interested in Medical Missions. They are able to understand their work better than that of the ordinary clerical Missionary; but we are very anxious to obtain sets of lantern slides illustrating Medical Mission Hospitals and wards. We have sent out some money for negatives, but are there not friends at home who have negatives, or really good prints from which we could have lantern slides made? We should be very glad if any who can help in this way will communicate at once with the Hon. Secretary.

In a letter of Dr. Arthur Lankester's he says, "During the last four months, ten children (of different ages up to thirteen), most of them brought by their parents, have joined Christ's Army and have been baptized through the means of the Medical Mission"; and in his journal we read, "A native pastor told me to-day that he could go out into the villages and baptize a hundred children,' but,' he said, 'what is the use, there is no one to look after them.'" The simple fact is, that in the Punjab the reaping has begun, and the people are turning to Christ in such numbers that we have not enough workers to gather them in and train them.

We thank God for the number of ladies who offer themselves as Missionaries to our Society, but how is it that there are so few men? Perhaps it is explained by the fact that the ladies, of course, go out as Lay Agents; they have a certain

amount of theological training, and then go to tell the heathen what they know. Men who have learnt one trade or profession hesitate, not unnaturally, before they make up their minds to study for ordination, or to go in for the five years' work which is necessary for qualification as a Medical man. They do not seem to take in that there is plenty of work for laymen to do abroad. Every one knows that there is work to be done at home which can be done better by a layman than by an ordained minister; and the same is the case abroad. The Lay Bands are doing a great work, and we believe that in many of the Society's Medical Missions an English layman would be of the greatest help. He would have a grand opportunity for speaking to the patients, and he would soon be able to render a great deal of assistance in the medical and surgical work.

Sometimes people ask whether a Mission Hospital is worth the extra expense. They must not forget that in every case the Hospital is a great centre from which Gospel truth is diffused far and wide. Dr. Horder saw 8,000 patients last year at Pakhoi, and they came from no less than 330 different villages. In every one of those villages there are to-day, in all probability, some who have told their friends of the kindness they have received from those whom they thought were "foreign devils," and have also told of the wonderful story of the Gospel, which perhaps, as yet, they have not been able to really believe. We also note that there were no less than ninety-one lepers in his wards last year.

We would again add that we are very anxious to form Branches of the Medical Mission Auxiliary Fund in different towns and parishes throughout the kingdom.

BRITISH MEDICAL ASSOCIATION.

Medical Missionary Breakfast, Newcastle, August 3rd, 1893.

ADDRESS BY DR. SARGOOD FRY.

THESE are certain axioms which I think your presence here to-day will allow me to take for granted, and, without attempting to prove them, I will simply state them before you. They are these:—

(1) That Missionary work is an imperative duty laid upon the Christian Church by Christ Himself.

(2) That the aim and consummation of all true Missionary work is to bring the souls of men under the healing touch of Christ, the Great Physician.

(3) That all legitimate means for the attainment of this object—such as teaching and preaching, the printing and circulation of the Scriptures, the instruction of the women in the Zenana, etc.—are to be laid under contribution in this glorious work.

My object this morning is to bring before you a few facts to show that Medical Missions form one of the most important departments of Missionary work. These facts are largely gathered from seven years' actual experience of this work in South India, as well as fully seven years' prior study of the subject.

Medicine has long been regarded as the handmaid of religion. The functions of the friar and the physician used, even in this country, to be wielded by the same individual. In these days it is, of course, neither necessary nor desirable, at home, that the duties of pastor and physician should devolve upon one, though the vantage ground, in the way of personal dealing, is often on the side of the Christian physician rather than the ordinary minister; for the key of kindness will frequently unlock hearts long closed to ordinary sources of religious thought, and once the skilful contact of the physician has awakened feelings of respect in the mind of a patient, he will not be likely to disregard a word, fitly spoken, in regard to his soul's welfare. But if we transfer our thoughts to non-Christian countries, the need of such efforts and the likelihood of success appear even more evident. The numbers of unevangelised nations in the world are simply appalling, and our minds can hardly grasp the fact that now, in this nineteenth century, some 1,000,000,000 still grope in darkness after the true God, if haply they may find Him, or at best are only beginning to emerge into the light. It is a mistake to suppose that the adherents of the imperfect and, in many cases, debasing systems which dominate so largely the minds of men, are all longing for Christianity. Most of them have never heard of it; millions, who may have heard of it once or twice in a lifetime, do not understand it; others, who are brought into contact with it, or with what they mistake for it, hate it, and cling tenaciously to their own religious system. A few—many compared with

the scanty numbers of the messengers of Christ—accept the message, and show in their Christian lives the power of the Gospel. The problem before us is: What influence can we bring to bear upon them to lead them to consider the message of the Gospel? We cannot make it effective—God must do that—but we can prepare the way. We must remember, too, that besides the barriers raised by ancient and intricate systems of religion and superstition, and the natural conservatism of human nature, white men have not always stood in so friendly a relationship to the peoples of the East as to lead them at all times to regard us without suspicion. It is by the power of kindness, the melting force of love, that false impressions can best be obviated and the deeper chords of the human heart be reached. As has been well remarked, the Medical Missionary has, as one of his chief qualifications, “the power of making others know that he loves them.” It is strange that—with Christ’s example before it—the Christian Church for so many centuries should have forgotten this method. Yet the modern Missionary enterprise is but a century old, and therefore we cease to wonder that the Medical Missionary spirit is but half a century old. America took the lead. Let us give honour to whom honour is due. It was a visit of Dr. Peter Parker to Edinburgh which in 1841 started the Edinburgh Society. But I speak not here of it, as this breakfast is not simply for the benefit of that Society, but for Medical Missions generally.

Let me take you in thought to the actual Mission-field, and bring before you some of the chief departments of work of a Medical Missionary. There is first the Hospital. This forms the very best centre of all the work, not simply because here the physician can best observe his patients, but that his patients may best observe him. Here he can best deal with them, patiently, systematically, periodically, and individually. It may be that at first the Hospital may be a very humble building, as is the case with a Hospital lately started by a Lady Medical Missionary at Patna, and which at its commencement only consisted of one bed. But gradually more commodious buildings will be required. In Travancore I was given the privilege of building a new Hospital of stone, with thirty beds, at a cost of about £700. Here daily an attentive audience listened to the truths of the Bible, as well as received medical relief. Then there are the branch dispensaries. We had eight of them in Travancore, scattered through the district round, at distances ranging from six to forty-five miles from the central station. In these dispensaries, native Medical Evangelists, who have been trained by the Medical Missionaries, are placed in charge, and I can testify to their character and worth. Sometimes, as at Agra, it is possible to send these men to a Government College to be trained, but in other cases a man is obliged to train them himself.

Medical Missions have a special claim upon medical men; and by the noble devotion of the profession as a whole to self-sacrificing efforts for others, by the example of men like Livingstone, and, above all, by the example and express command of our Great Master, let us do our part in spreading interest in and helping on this great work.

GAZA MEDICAL MISSION.

LETTER FROM THE REV. R. STERLING, M.B., B.S., DURHAM.

GAZA itself is remarkable for its existence and importance from the very earliest times. It is mentioned in the Book of Genesis and in the Acts of the Apostles, being like Damascus in this respect. The key to its unbroken history is to be found in its situation. It is in the direct caravan route between the Valley of the Nile and the whole region of Syria. It is the most southern town in the south-west of Palestine, on the frontier towards Egypt. From time immemorial travellers have provided for their journey through the desert in its markets. It has, too, an important military history, arising from the same cause. Its name means "the strong." It was besieged by Alexander the Great; in the wars of the Maccabees its position was of the first importance; and some of the most important campaigns of the Crusaders took place in the neighbourhood. The well in our compound, which goes down to a considerable depth, was made by the Crusaders, and is a valuable adjunct, as it yields a plentiful supply of good water. The town of Gaza stands about two miles from the sea; to the east are the hills of Judæa; to the south-east a hill which is supposed to be Samson's Hill. There is some doubt about the actual situation of the ancient town: wherever excavations are made on the present site old buildings and temples are discovered. In the hospital are several beautiful marble pillars and slabs, some with inscriptions upon them. The doctor's house, too, is built upon some ancient building, and has a good solid foundation in consequence. At the sea the remains of the old harbour are still to be seen, and at Askelon, a little to the north, are the most extensive Crusading ruins in the country. The climate is almost tropical, but there are deep wells of excellent water. The heat, too, is rendered more endurable by the beautiful breeze from the sea which blows from breakfast time till sunset.

The Medical Mission was opened by the Rev. R. Elliott, L.R.C.S.I., in 1892; but he was obliged to return home, for some time at any rate, early in 1892.

The hospital and dispensary were re-opened on Monday, the 24th April, 1893, after having been closed for twelve months. Since that date the number of patients visiting the dispensary have been—3,832 new cases; 1,395 old cases; 71 patients have been taken in; 147 operations performed; and 7 villages visited. At first the dispensary was opened every day, and the numbers several times reached between 140 and 150 in a morning, all being present at the service which begins at 8 o'clock and consists of Bible reading, exposition, and prayer. Lately, only three days in the week have been allotted to dispensary work, so as to secure more time for the study of the language. The patients come from far and near. The population of Gaza is 30,000 and there is *only one native doctor*, who is attached to the municipality. There are 66 villages belonging to Gaza, at varying

distances and of various sizes; some of them contain a good many inhabitants. The nearest medical men are at Jaffa, 45 miles; at Jerusalem, 48 miles; Hebron, about the same distance; and Lareesh, about 70 miles. Then there are no roads leading to and from Gaza, only caravan routes. Thus, sick people come to us from great distances, often 5, 10, and 18 hours on horseback, camel, or donkey, and sometimes on foot.

There are barber surgeons who "fire" their patients and apply counter irritation of some form or other on every occasion, generally causing two maladies instead of one, as the wounds are allowed to get foul. The people have great faith in the skill of European doctors, whilst they have a correspondingly poor opinion of their native doctors. This is not to be wondered at, as the following instance will show:—On Friday morning last, at 5 o'clock, I was called to see the "Secretary" of the soldiers, who was stated to be seriously ill, having had a sudden seizure. I accordingly went in all haste, taking some restoratives with me. On arrival I found the man was dead: of this I satisfied myself in the usual way. I then left, whereupon the group of women surrounding the body set up the usual lamentations, wailing, beating of breasts, and tearing of garments. At 10 o'clock, as we were proceeding with the hospital patients, a polite message came from the Governor, asking me to go to the court. I went and found the authorities sitting in solemn state. The Governor said they thought the man was not dead and that the native doctor was anxious to bleed him, only he wished to do it in my presence. I felt surprised at this, but confident that the man was dead I visited the corpse, and found what one would expect to find after death had supervened for five hours. The native doctor now concurred, and the body was interred three hours later. The "Secretary" was much respected and greatly beloved by all the people.

The authorities are most friendly, and express their thankfulness again and again at having an English doctor among them. Yesterday the Governor and his brother from Jerusalem, who holds a high position under the Government, visited me a second time. They were accompanied by another gentleman. The visit lasted over two hours, and an interesting discussion took place on the Old and New Testaments; it was conducted in Arabic by my dispenser, who knows the Koran very well. On learning what the Ten Commandments were, the Governor remarked that if our Bible was all like that it must be very good. Several of the better class people here possess some knowledge of our Holy Book. I never saw a more interested group of hearers than the dispensary patients, especially the men: our friends at home would be delighted to see their faces as they listen to some parable or miracle; it is new to them, and their attention is rivetted throughout, both to the reading and the address which is given by the catechist or teacher.

It is impossible to overrate the value of Medical Missions in preaching the Gospel among a people like these who are professedly hostile to Christianity. Everywhere one goes a kindly welcome always awaits the "Hakeem" or "wise man," and in itinerating we contrive

to give the people some knowledge of our religion before we treat them. The itinerating work is very interesting, and gives many opportunities for teaching them Christian truth. The inhabitants of the village congregate in some shady spot, and a curious scene presents itself. Sometimes we are located near the well. The women come to draw, with veiled faces; they stand and listen, or draw near to tell their ailments. As of old, they carry the pitcher on their heads; and a camel is busy turning the wheel which lifts the water. Sometimes we are treated to a cup of coffee. A fire is made of sticks, fresh or green coffee beans are roasted, then ground, and afterwards infused in the ordinary way. This is very refreshing after riding two or three hours in a hot sun.

The Beduin come in goodly numbers. The men are a fine race of fellows, tall and stalwart. The descendants of Ishmael, they still maintain their old characteristics—"their hand against every man and every man's hand against them." They lead the same nomadic life, travelling about with their flocks as they find pasturage. Their gratitude is very great and often takes a practical form, the gift of a lamb, or fowls, or fruit. South and east of Gaza we see them in large numbers with their flocks. Sometimes as many as 200 camels are feeding together, and goats, with sheep and oxen. The flocks are kept separate, and when moving from place to place follow their shepherds, who lead a life in common with them. Thus they know their sheep "and a stranger will they" (*i.e.*, the sheep) "not follow." They endure hardships and privations together, and thus there arises a bond of union between them which Jesus alludes to when He says—"the good shepherd giveth his life for the sheep." Blind leading the blind is a very common sight here. Eye disease is very extensive, and the majority of the people are affected by it in some form or other. I have seen six blind men with a staff in one hand and the other resting on his neighbour's shoulder moving about. It is appalling to observe the large numbers of cases that do not seek relief or remedies. When a child gets acute inflammation of the eyes the mother superstitiously believes that the proper thing to do is to keep water away from them till forty days have passed by. Or perhaps it is a case of ulceration of the cornea, and the father of the child listens to the advice of some skilled old lady (they abound here as well as at home), who suggests that the eye should be rubbed several times with a mouse's tail. One of the leading officials had allowed this in the case of his own child. The people are ignorant of what ought to be done, and, of course, are ready to do anything which one wiser than themselves may suggest. Almost all wear some charm or other as a protection against the evil eye. A Beduin child, about five years of age, was brought to the dispensary one day, and from appearance and the mother's account it had never been washed. When asked the reason, she said that all her other sons had died, and that if she washed him his skin would drink the water and he would get dropsy and die.

Acute Bright's disease is very common in all ages, from lying on the ground by night and by day. In the summer months the people camp

in their gardens, a little outside the town; and, as a consequence, there is a great deal of rheumatism. But disease is met with here much the same as at home. They do not enjoy any special immunity. The chief difference lies probably in the fact that many regard their ailments as coming direct from God, and therefore inevitable and irremediable. But still remedies are sought after, and if a cure cannot be effected relief is given. It is difficult to restrain the affections of the people at times; they go so far as to kiss one's feet, though the hand is generally kissed.

The C.M.S. premises at Gaza are the finest belonging to the Society in Syria. They are situated in a large compound almost entirely walled round. They comprise hospital and dispensary, school and class rooms, doctor's house and the Rev. J. Huber's house (superintendent of the educational branch of the work). The hospital is built after the fashion of most Eastern houses, all the rooms opening into a paved courtyard. One side is occupied by the men's ward, one by the out-patients' waiting-room, and a third by the women's ward, kitchen, bath-room, &c. The hospital at present gives accommodation to ten patients, but is so arranged that the roof can be built upon and room made for three times this number. To accomplish this the sum of £400 to £500 would be required. It is also hoped that the outpatients' room will be made into a ward and a new one built. We have the ground, but we want the money. Every day suitable cases have to be refused admittance for lack of room and of means. The cost of a patient's keep for one year is scarcely £10; this includes all attendant expenses. Who will come to our assistance? Who is on the Lord's side? "Inasmuch as ye have done it unto one of the least of these, My brethren, ye have done it unto Me."

The hospital staff consists of two lady nurses, dispenser, and an assistant dispenser. On dispensary days all are kept actively engaged. Surgical dressings fall to the ladies' lot (and there are a great many, as abscesses are very prevalent); then some one has to interpret for me, and another of the workers writes the prescriptions. By this means we "get through" 100, 120, 140, or even 150 cases in 4 or 5 hours, without a moment's intermission. Then come operations before or after luncheon, a short rest, and afterwards the study of Arabic. This is often interrupted by patients, whom it is difficult to refuse to assist, as they frequently come from a distance. The in-patients require attention, and this takes up some part of the evening. Free days too are often simply nominal. Patients coming, or visits in the town, fill up the time which, according to my instructions, should be spent at the language. There is work in Gaza and the district around for half a dozen active men. I hope to have the assistance of one qualified man ere long. At present I have to give chloroform and operate at the same time. The responsibility is great, but, as the natives would say, "God is greater."

Within the compound also there are palm trees, vines, figs, mulberries, pomegranates, almonds, tomatoes, vegetable marrows, cucumbers, prickly pear, etc. We are fortunate in being shut off from the town, as

the streets of Gaza are so narrow that they will not permit of a carriage passing along them. They consist of a ditch in the centre, into which all refuse is thrown, and an uneven raised path about one to two feet wide for foot passengers, donkeys, and camels. The houses are made of mud-bricks, though the better class people live in handsome stone houses. Outside they are unattractive, but within the courtyards are very handsome.

Since writing the foregoing the aged servant of God, the Rev. James Huber, has been called to his rest. Though not unexpected, it has nevertheless cast great gloom over our little band of workers. His kindly and affectionate nature endeared him to the hearts of all who knew him. It falls to the lot of few Missionaries to have such a long period of service as our departed brother. The last forty years he has laboured in this country; and the three preceding years he spent on the West Coast of Africa, whence he was invalided home. It was a touching sight to see the devotion of his friends and servants; but it was not to be wondered at—love begets love. He was essentially a peace-loving character. He had no enemies. Thoroughly conversant with the Arabic language, he was greatly esteemed by the natives, many of whom used to resort to him from time to time to converse upon our most holy faith. The funeral service was conducted in English; a large crowd of people were present. Addresses were delivered at the graveside by three of our own workers, whilst representatives from the Latin and Greek Churches also gave addresses. Thus one by one the links are severed which bind us to this earth. May they bind us to Heaven! We are as the members of one family here, and any sorrow that befalls us is felt by all. It was a pleasing feature to notice the town officials present at the service.

KASHMIR MEDICAL MISSION.

LETTER FROM DR. NEVE.

IF one attempts to write general impressions, one tour is much like another; so I leave you to imagine the background of mountains and streams, walnuts and green pastures. The routine of one's work can thus be also pictured:—Scattered groups lying about in the shade; the crowd coming together from all sides when the doctor takes his seat and the medicine boxes are brought out; the address, the prayer, the sometimes fervid "Amens," the examining, prescribing, operating. All this is routine; but a few incidents make the picture more vivid. The medical work has its amusements. An old grey-beard turns up with a tumour (ganglion) the size of an egg on his wrist. Without speaking I make him sit down beside me and stretch out his wrist over my knee, then with a sharp rap with my knuckles I break the tumour under the skin so that it instantly disappears. The bystanders go into fits of laughter as the old man looks at the hand, strokes it, stares at me, and then at the place where the tumour had been, and there is a buzz of talk all round as the "dress circle" of spectators relate

the magical cure to their friends. It is impossible to help feeling something of the quack when thus operating in public, and exciting popular astonishment. A girl was brought with disease of the shin bone, and I was able to extract the whole of the dead bone (eight inches long) with my fingers without giving her any pain ; it had been bad for eight months.

What, perhaps, impresses onlookers most is to see chloroform given—the simple folded towel with a few drops of colourless medicine poured on ; the apparently lifeless body ; the deliberate operation (often quite bloodless) ; then, after the bandaging and a minute or two rest, a tap on the patient's forehead, and his name " Rusula " or whatever it may be, a mumbled reply, and in a few seconds more the bewildered, dazed sleeper sits up, astonished to find the operation all finished. On the last tour, once or twice we had little arguments. At a town where there are several mosques, my first audience had several of the leading Mohammedan priests. One of them challenged my statement that Christ died ; but politely remained silent at my request, while I finished speaking and saw the patients. Then he came to me and we had a quiet talk ; several other moullahs also came to listen. He said " our religion states that Holy Jesus did not die, but the traitor Judas assumed His appearance and was crucified in His stead." I replied, " It is a matter of history that there are many learned Jews and infidels who oppose Christianity, and they do not deny that Christ died. Remember that your book was not written till 600 years later. Mohammed did not invent a new idea, he only repeated what a sect of Christians (Gnostics) had said, who thought that Christ could not die, because they said He had no real body, He was only a spirit." They listened attentively and quietly to this explanation. Later in the afternoon I inspected the Government dispensary there. Many people had come to look on, so we sat down outside, sang a hymn, and gave a short address. One young moullah then attacked me, twisting what I had said, and raising the usual difficulties. However, I think we left a good impression. They cannot understand our teaching, a living Saviour who works in men's hearts as an ever-present deliverer ; but some of the more thoughtful evidently appreciate the Christian teaching about spiritual religion and holiness of life. I find that we can have nice quiet opportunities of preaching in almost any village, if we go just about sunset, when the peasants have returned from their work. The singing of one or two hymns soon collects a crowd, and we all sit down on the grass and have a quiet talk. Probably some of them have already been to our camp for medicine and others intend going, so they are all very friendly, and there is, perhaps, less diversion of interest from the Gospel story than when the audience consists of sick people waiting for medicine. Not that the patients in any way resent the address, as alas ! many people would in England ; they all think more of the medicine because it is given " in the name of God." Our Hospital has been very full. We had over 60 in-patients for some time. Now the attractions of the country are taking away the patients. We have an ovariectomy case, but no nurses to look after her, for both our nurses are on the sick list themselves.

SOUTH CHINA ITINERANT MISSION.

LETTER FROM DR. COLBORNE.

I WISH again to write to you on the same subject as my last letter, namely, to urge on believers who are in the medical profession the grand work there is for them abroad, more especially out here. Any other subject would hardly give me a sufficient stimulus to write, as to write letters ministering to simple interest seems to me almost a waste of time.

I said in a former letter that it is impossible to describe the need out here in such a way as to enable you to realise it, but I will try to give you some idea of it. If you pass through or by a village you may see a woman on her knees, or on her hands and knees, her manner apparently indicating not a perfunctory performance, but a real worship and entreaty. For what? Probably I should say because her child is ill, or because her husband smokes opium or gambles, or something of that kind. In her distress she is bowing down, and earnestly entreating before a lump of earth, or a stone, or some written characters. That the women in their domestic troubles do perhaps really pray very earnestly to such things and to the pó sáts, I have been led to think by various incidents and from things I have heard. I remember going to see a man who was ill. When I went to examine him a woman said Sin Shang (that is Mr.) will save you and the "pó sát" will save you. A "pó sát" is a false god. To say you have the heart of a "pó sát" is to mean you have a tender, pitiful heart. There is a woman in the Tsang Shing district whose husband gambled. She prayed to the goddess of mercy for many years to cause him not to gamble, but still he gambled. At last she heard "the doctrine" and prayed to Jesus, and her husband ceased to gamble. Her husband and herself are both now members of the Church in Tsang Shing. It seems to me that this worship under such circumstances has some of the qualities of spiritual worship, if it is, as I suppose, often not worship to obtain money or other things for herself, but for her children or some relative. Because she finds herself unable or little able to help them, she turns to the only higher power she has learnt to worship. She may have a knowledge of the true God, only she has not been taught to worship Him. They have some idea of a Supreme Being in the sky, but they do not worship Him. Would you not wish to tell them of Him who is mighty to save, who pities them, and who longs that they should turn to Him for help? believe it might sometimes be easy to transfer their worship, to get them to turn to God, if you only won their confidence and got them to understand what you meant.

In speaking to them we have to contend with all that is implied by our being foreigners, in a different station in life to them; but, on the other hand, if they get to believe we are really friends and wishing to do what we can for them, I see indications of a simple child-like trust to follow whatever we may tell them to believe and do. I think often, perhaps, the obstacle to the acceptance of the

Gospel is not so much the hardness of their hearts as that they do not understand what we are talking about. The other day a woman on a ship moored alongside came to me about an eye which was defective in vision. I saw it was the result of a previous inflammation, and that no medicine could cure it, and it was not advisable to operate as she had one good eye. She asked if the other eye would go bad. I said I thought not, only she should not get in a rage with people. "How can I help getting in a rage," she said, "when my husband gambles and has sold two of the children." I said that to get in a rage would do no good, but if she wanted him not to gamble she should worship God, meaning the true God up in Heaven, not the false ones. "How must I worship Him," she said. I said I would show her how; so I knelt down and prayed for her, and she also knelt down. I told her she should pray, thus, morning and evening with her two children. Her husband was away at the time. He came back and went away again almost directly. They had brought a youth in the ship to sell him. I gathered he was a youth who had no relative to depend on, and so was willing to be sold, and her husband was selling him on commission, I suppose. I gathered that the custom in this part of the country was for people who had no sons to buy children or youths to adopt them. They were very poor while her husband was away; they could not eat rice but only rice gruel. I saw a man on a neighbouring ship give them about half a pound of salt fish once. When her husband returned he had sold the youth, but his companion had bolted with the money. The husband came with me one evening to the chapel to get medicine and hear doctrine. There happened to be that evening at the chapel a Wesleyan preacher who was going back to the same place as they were bound for, so next morning he took passage on board their ship. As they would take two or three days he would have an opportunity of instructing them.

I am led to make one remark as to their worship under such circumstances. That is, that though addressed to false gods it seems genuine and sincere, and they do not seem one bit ashamed of it, probably for the reason that it is genuine and not for show or self-deception. I am encouraged to hope that among such could be found that honest and good heart of which our Saviour speaks, in which the word of God takes root and grows.

There was another man I could tell you about, whom I dealt with in a simple, straightforward manner, and he seemed to accept the Gospel, but sometimes I feel almost it is wasted labour; people will be interested, and no more. It seems almost vain to hope that earnest men of experience and common sense will come and enable the C.M.S. to do things differently from the wretched one-horse fashion they are doing at present. If one man falls out there is no one to relieve him, except by leaving other work.

I could tell you of prospects of work in many directions; of villages visited or heard of on the last trip, with literally thousands of inhabitants, in which, with a medical chest, the doors would seem to be more than open—almost, one might say, the doors are off their hinges. Truly,

I think the fields are white to the harvest. I, myself, through being accustomed to it, do not feel the need as much as I otherwise should, and if I could feel it, words would, I fear, fail me to describe it fittingly. For those of you in England who are longing for an opportunity of living as a Christian should live, as one who believes in Hell and Heaven, who is longing for increased opportunity of making God's power felt, I would urge on you the tremendous claims of the heathen. If you would only come to the help of the Lord against the mighty, there is a prospect, I would almost say a certainty, of glorious results. The 25 Medical Missionaries of the C.M.S. should increase to 100, and then to 400, to anything like meet the need.

The idea of the C.M.S. Committee is, I believe, that I should train native medical evangelists; but this takes time, and for this a Hospital is almost an essential. A plan is taking shape that I should make some movements towards establishing a Hospital. This will mean, I take it, restricting my efforts to a smaller circle, which I believe will be all the better. I should be better able to see my way to do this, if I had a brother to assist me by taking charge of the Hospital occasionally while I itinerated; he could do this whilst learning the language.

NANG WA MEDICAL MISSION.

LETTER FROM DR. RIGG.

THERE are really five branches of our work—(1) In Nang Wa, the chief and central Hospital for men; (2) also in Nang Wa, but at the other end of the town, a Women's Hospital, at which Miss Johnson, of the Zenana Society, is resident; (3) a Hospital and Dispensary at Yen-Ping Fu, about 25 English miles from Nang Wa; (4) a very irregular out-dispensary at Kien-Yang (Mr. Phillips' station), a Hien city three days' journey from Nang Wa, and two days from Kien-Ning Fu; (5) work among the lepers outside one of the gates of Kien-Ning Fu.

In addition, we have begun to build a Hospital, which is to be our most important centre; this is at the "Seven Stars Bridge," about one and a half English miles outside of Kien-Ning Fu. The gentry and officials will not let us go nearer the city; and as it is a healthy situation, with only a flat sandy plain between it and the city, and it is also on the important and busy road from Kien-Ning Fu to Kien-Yang and to the province of Kiang Si, we are glad of the site, and have begun to build in sure expectation of grants from the C.M.S., of which grants, however, there are yet no tidings. This land is given to us by agreement between the officials and local gentry, in exchange for what we were dispossessed of at Tai Chiu. We hope to have no more serious troubles there, beyond those which will chronically spring up between us and the conscienceless builder until the last stone is placed and the last dollar paid. I hope you will in the

future hear much of the "Seven Stars Hospital," so for this occasion I will dismiss it.

The Nang Wa main Hospital has now been working four and a half years, and since Dr. Taylor relieved me of Fuh-Ning four years ago I have been at it, and in sole charge of it and of all associated work in the above-named places. Nang Wa is an important place, being a market town on the river, and has so far given us excellent opportunities of getting a foothold in the Kien-Ning district. But now that we have presumably got that foothold, Nang Wa yields in importance as a centre to Kien-Ning Fu, and as soon as the "Seven Stars Hospital" is finished we shall (D.V.) move our strength up there, but still carry on Nang Wa, chiefly as an opium-curing station but also as a Hospital, by means of one, or possibly two, trained students.

The Women's Hospital will also be moved to "Seven Stars Bridge," as I am altogether responsible for the treatment of its patients. Miss Johnson has had no medical training, but is skilful as a nurse and devoted beyond measure. Though we have no special grant, and have asked for none from the C.M.S., we shall try and put up a small Women's Hospital, and perhaps later on shall apply to you for help. The Women's Hospital at Nang Wa has been open for over a year, but only just lately have there been any number of patients; Chinese women have to suffer at home in silence mostly. But now the work has assumed a more promising aspect.

Yen-Ping Fu is an important city; it is the prefectural city of a district—small compared to Foochow, but still of sufficient size to make a Medical Mission there a very desirable thing. It has been a dead-alive C.M.S. station for something like twenty years, and all along very hostile. As well as the C.M.S., the Methodist Episcopal Church of America has had a station there, more prosperous than ours, but nothing to speak of—both ours and theirs worked by natives only. It really requires a Missionary staff (foreign) of its own, but, as none has been forthcoming, we in the Kien-Ning district have tried to give some attention to it, especially when difficulties in our own special district, which is all situated ahead of us, have allowed us time to stretch a helping hand backward. Yen-Ping's opportunity came when our native workers were driven out of Tai Chiu, and Ting-Siu-King, the medical catechist trained by Dr. Taylor, was sent there along with Mr. Ling, a catechist of some experience and attainments. They began medical and evangelistic work last October, and have continued until now. Now we hear from Foochow we are to have the Yen-Ping premises taken from us by the Chinese officials, and, if so, again a cloud will settle on Yen-Ping. If any great difficulty arises about it, we, with our hands already more than full with cities ahead, will be compelled to relinquish Yen-Ping. To take a Chinese city one needs to perseveringly lay siege to it.

Kien-Yang we have worked medically off and on, as we have been able to liberate a student from his studies. It, but more especially Tai Chiu, has tied my hands greatly with regard to teaching students. We did not want to relinquish either place: each was of urgent importance,

and yet could only be worked by students whose crying need was teaching, and sending three to the two places made me have to cover the same ground twice over. It is providential that now these demands on our strength have relaxed, and so this year (and D.V. next also) teaching has been and must be most assiduously kept to. Still Kien-Yang loudly calls for help, so loudly that Mr. Phillips, though a pure clerical Missionary, has perforce taken up some medical work, viz., what (and no small amount) has been thrust upon him. One man at Yen-Ping is too little for the work—but all along we have been under compulsion to do all we possibly could by as few agents as possible, and have been over-driven. That over-driving has been harmful to us and to the quality of our work, but there was no help for it. Perhaps the Church at home will pay more attention to this part of the Lord's estate, and some Medical Missionary will come out and help to cultivate it. Of course the humble beginning will be gathering out stones and preparing the ground a little, but still sowing and reaping now and then as we have done. We have reaped two into the baptismal net, but *many* into the wider net of simple trust in the Good Shepherd.

The leper work is carried on by the agency of a Christian leper of some 20 odd years of age. The lepers vary in number at different times, but in the asylum are from 40 to 80, and many more are at large. The work is simple—dressing ulcers and teaching those who will hear; but much deadness has prevailed, and only one, who has died, has shown vital interest or faith—this one seemed to know the preciousness of Christ. I visit the lepers when I can, sometimes once a month, sometimes there is no help for it but that six months must intervene. The Women's Hospital I of course visit constantly to see every patient. Yen-Ping I have never visited since we opened the Hospital, as a foreigner might be as a spark to very explosive material. We sometimes have to move with extreme caution. Kien-Yang I have never visited, but Mr. Phillips must have the name of the place burnt into his brain—his troubles there have been legion.

There is great opposition to all advance in this district, and Medical Missions are necessary to get and hold a foothold. We hope much from the six students I have in training. I am not short of money for them at present, but prayer (my own as much as anyone's) is greatly needed for them.

EXTRACTS FROM LETTERS.

THE REV. W. ST. CLAIR TISDALL (the Secretary of the Persia Mission) writes from JULFA, on July 29:—"My experience as a Missionary among Moslems has convinced me—and I know that my conviction is shared by most of my brother Missionaries of all Societies—that Medical Mission work is the most hopeful branch of all. I am endeavouring to foster and develop this work in this neighbourhood, but feel deeply the need of a European Medical Missionary. Dr. Aganoor is doing the work of house-surgeon at one of our four

dispensaries, but he does no religious work. Will you try to send us a Medical Missionary? Miss Bird's work is perhaps the most valuable branch of Medical Missionary work here. During the twelve months ending June 30th, 1893, she had 9,401 visits, though she was completely laid aside by illness for one month, and was able to do very little during another month. She has alarmed the opponents of the Gospel more than all the rest of us put together. I trust that the Medical Mission Committee will recognise and encourage her work. She performs no operations, and does not even feel qualified to attend midwifery cases, but her skill is greatly valued by the women in such cases as she is able to deal with. Her work is Missionary in the highest sense of the word."

DR. BAILEY writes from NABLUS on June 30th:—"You will be glad to hear that we have been most fortunate in obtaining permission from the Governor General to open our small Hospital here. I wrote to our Consul General in Beyrout on this matter, and he replied that the Turkish Governor General had just left to make a tour of inspection, and would visit Nablus among the other places in his jurisdiction, and he advised me to bring the matter before him when he came here. I therefore asked the Pasha here (who is very friendly) kindly to mention the subject to the Governor General when he came, and I also asked the 'Moofitie' (Moslem Bishop) to support the request. They promised to do so, but I must say that I little thought they would fulfil their word so well. To my surprise when I made my usual formal call upon the Governor General to greet him, the Pasha introduced the subject of the Hospital, and the Governor, turning to me, said that he had heard from the Moofitie and others of the Medical Mission work here, and thanked me personally for all I, especially one so young, had done for the Ottoman subjects of Nablus. He said he was most happy to grant me permission to open the Hospital, and as it was only a building rented by the year no further formal proceedings would be needed His first dragoman called upon me in the evening, and said that, when we required a formal firman for a new building, my best plan would be to write direct to him, and that there would be no need to apply through our Consul General, as they would manage all for me, and that I need not anticipate any obstacles or delays.

"The very kind attitude of the officials has been a great encouragement to us indeed, especially as, just before the arrival of the Governor, we had heard that a petition had been drawn up by some of the more bigoted Moslems to say that at the Medical Mission we were teaching things against the Moslem religion and their Prophet. This was not only a rumour, because a few days before the arrival of the Governor two or three Moslems came to the Medical Mission just at the time of the service, both on men's and on women's days, to listen to the address and prayers. These people we always make a point of welcoming, and we placed chairs so that they might hear our service. On meeting one of these Moslems in a patient's house a few days ago, I had a conversation with him about our services, and he confessed that nothing was

said against the Moslem religion while he was present, and he had only gone to hear if reports were true. He agreed with me that, if we had faith in God, we could not do better than begin the dispensary with prayer. Before I left he got up from the divan and shook hands most warmly, whereas on my entering the room he would not even rise from his place to greet me. The more bigoted Moslems, especially in the presence of their co-religionists, often will not rise from their divans and stand to greet a Christian, but I am finding them daily growing more tolerant in this respect, I am thankful to say."

In another letter, dated Aug. 19th, DR. BAILEY says:—" You will be glad to hear that another friend has promised to support a bed in our small Hospital This same lady is also forwarding twenty-four twill sheets, some blankets, texts in frames, etc. A few days after my last letter to you, a telegram was received from the Governor General at Beyrout, saying that we must close our Hospital at once, as no Hospital (even a hired house) could be opened without an order from Stamboul. We found on enquiry that some bigoted and jealous Moslems (probably the relatives of a former famous quack here) had written to say that we had opened a Hospital in a hired house, which we had altered to accommodate fifteen beds! The complaint was most cleverly worded, and the best we could therefore hope for was an order from Stamboul, to obtain which a delay of months, even years, might be required. The Pasha here told us that it would be best under the circumstances to dismiss all the patients from the Hospital, and await instructions, and did not hold out much hope to us of being able to settle the matter speedily. It was sad indeed for the few sufferers we had taken in, and that evening we called a special prayer meeting to ask our Heavenly Father to help us in the great and unexpected trial. In the meantime we wrote to Beyrout to the Governor General, and reminded him that he had given his verbal permission for us to open the Hospital when he had passed through Nablus a few months ago. What was our delight and pleasure to be summoned by the Pasha five days only after our special prayer meeting, and to hear from him that he had just received a telegram to say that the Hospital was to be opened at once, after duly examining my Turkish diploma. Turkish delays in all our former experiences of such cases made this order to re-open the Hospital most remarkable in every way, and thankfully did we ask our friends once again to come and join us in a meeting of thanksgiving. The poor patients we had been obliged to turn out of the Hospital very soon heard the good news, and within a few hours all were back in their old places rejoicing. What makes the order all the more remarkable is that there is a law (which we have heard since) that no Hospital can be started without an order from Constantinople. We can therefore only look upon the present exception as a direct answer to prayer, and an additional indication that God wishes to bless the work."

STATISTICS OF C.M.S. MEDICAL MISSIONS for 1892.

	No.	Founded.	Medical Missionary.	No. of Beds.	No. of In-Patients.	No. of Out-Patients.	Visits to Homes.	Operations.	
NIGER.									
Lokoja	1	1890	In abeyance.						
E. E. AFRICA.									
Mombasa	2	1887	C. S. EDWARDS, 1888 ... M.R.C.S., L.R.C.P.	50	120	13000			
Chagga	3		E. J. BAXTER, 1877 ... L.R.C.S., L.R.C.P., Edin.						At Home.
Uganda	4	1891	G. WRIGHT, 1891 ... M.R.C.S., L.R.C.P.						At Home.
EGYPT.									
Cairo	5	1889	F. J. HARPUR, 1885 ... B.A., M.B., B.Ch., T.C.D.	5	51	24187		450	
PALESTINE.									
Gaza	6	1882	Rev. R. STERLING, 1893 ... B.A., M.B., B.S., Dur.	10	71	3832		147	Hospital re-opened, April, 1893. These numbers for 3 months only.
Nablus	7	1891	H. J. BAILEY, 1890 ... M.B., C.M., Edin.	8		10113	865	304	Temporary Hospital just opened.
PERSIA.									
Baghdad	8	1886	H. M. SUTTON, 1886 ... L.R.C.P., M.R.C.S.	2	30	4622	187	300	
Julfa	9	1879	D. CARR, 1893 ... M.B., B.Ch., Camb.	2	23	11204			Just appointed.
PUNJAB.									
Amritsar	10	1881	H. M. CLARK, 1881 ... M.D., C.M., Edin.	18	229	62244		1433	
			A. LANKESTER, 1891. M.B., Lond.						
Dera Ghazi Khan...	11	1878	A. JUKES, 1878 ... M.R.C.S., L.R.C.P.	36	124	11956			In-Patient Hospital not finished.
			J. O. SUMMERHAYES, 1893. M.R.C.S., L.R.C.P.						
Dera Ismail Khan...	12	1892	T. PENNELL, 1892 ... M.B., Lond.			613	56	19	
Kashmir	13	1864	A. NEVE, 1881 ... F.R.C.S., Edin.	70	619	22080	1200	2198	
			E. NEVE, 1886. M.D., F.R.C.S., Edin.						
Quetta	14	1885	S. W. SUTTON, 1885 ... M.D., Lond.	28	93	6563			
			M. EUSTACE, 1889. M.D., Dub.						
Unlocated	15		W. F. ADAMS, 1893 ... M.R.C.S., L.R.C.P.						
ES. CHINA.									
Itinerant Mission ...	16	1890	W. W. COLBORNE, 1890 ... M.D., Lond.			8000			
Pakhoi	17	1886	E. G. HORDER, 1883 ... L.R.C.P., Edin.	40	258	7514	86	2650	
Fuh-Ning	18	1878	B. VAN S. TAYLOR, 1878 ... M.B., C.M., Edin.	50	607	7029			
Fuh-Chow	19		W. P. MEARS, 1890 ... M.A., M.D., Dur. Mrs. W. P. MEARS, 1890. L.K.Q.C.P.I.						Only recently sanctioned.
Nang-Wa	20	1889	J. RIGG, 1878 ... M.B., C.M., Edin.	46	332	8352	61	287	
MID-CHINA.									
Ningpo	21	1888	R. SMYTH, 1893 ... M.B., B.Ch., Dub.	35	233	5376		115	Figures for 1891.
Hang-Chow...	22	1871	D. DUNCAN MAIN, 1881 ... M.B., Edin.	106	616	12097	782	1090	
Tai-Chow	23	1893	H. HICKIN, 1887 ... M.B., C.M., Glas.			861			In first 3 months.
NORTH PACIFIC.									
Metlakahla...	24	1889	VERNON ARDAGH, 1887 ... L.R.C.P., L.R.C.S., Edin.	10	25	1880			
				516	3431	221523	3237	8993	
There are also two Medical Missions in charge of Native Doctors, viz.:—Tank...				10	375	13029	345	2626	
Salt Dr. SALEEBY						7369	1793	27	

BE ye strong, ye Christian soldiers,
 Who are going forth to stand
 As the vanguard of Christ's army,
 In a distant heathen land.

Be ye strong, and do not waver,
 Though the parting must be sore ;
 Christ has borne alone its anguish,
 He is with you evermore.

Are you dreading, for your loved ones
 More than for yourselves, the pain ?
 Trust them with the tender Father,
 He will turn their loss to gain.

Be ye strong to offer gladly,
 On the altar of your Lord,
 Culture, ease, or brilliant prospects ;
 Ye shall reap a full reward.

Be ye strong to face the blackness,
 Coarse and vile, of heathen sin ;
 Christ shall shield you, Christ shall teach you,
 How to pity, love and win.

Be ye strong to bear the hunger
 For a well-known voice and face ;
 Parted "for a while," in presence,
 Christ is still your meeting place.

Therefore, be ye strong and patient,
 Now His will to do and bear ;
 Privileged with Christ to suffer,
 Soon ye shall His gladness share.

Church Missionary Society.

Medical Mission Quarterly.

No. V. JANUARY, 1894.

~~~~~

“Jesus went about all Galilee, teaching . . . and preaching . . . and healing all manner of sickness and all manner of disease. And His fame went throughout all Syria, and they brought unto Him all sick people that were taken with divers diseases, . . . and **He healed them.** And there followed Him great multitudes of people . . . And seeing the multitudes He went up into a mountain . . . and taught them.”—*Matt. iv. 23, 24, 25, and v. 1 and 2.*

---

*All communications should be addressed to*

THE SECRETARY, MEDICAL MISSION FUND,

*C.M.S., Salisbury Square.*

---

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

## Medical Mission Committee.

T. E. BURTON BROWN, Esq., M.D.,  
C.I.E.

ALBERT CARLESS, Esq., M.B., M.S.,  
F.R.C.S.

THOMAS CHAPLIN, Esq., M.D.

EDMUND DOWNES, Esq., M.D.

C. F. HARFORD-BATTERSBY, Esq.,  
M.D.

MAJ.-GEN. HUTCHINSON, C.B.,  
C.S.I.

HENRY MORRIS, Esq.

F. PETERSON WARD, Esq.

HERBERT LANKESTER, Esq., M.D.,  
*Secretary.*

Subscriptions and Donations, either towards the General Medical Mission Fund or towards the expenses of any special Hospital, may be sent to the Secretary of the Medical Mission Fund, or to the Lay Secretary of the C.M.S.

Money sent to support Cots will be immediately forwarded in accordance with the wishes of the donors.

## CONTENTS.

|                                                                                  | PAGE |
|----------------------------------------------------------------------------------|------|
| EDITORIAL NOTES .. .. .                                                          | 3    |
| LETTER FROM MRS. PENNELL, OF BUNNU .. .. .                                       | 5    |
| „    „    DR. JUKES, DERA GHAZI KHAN .. .. .                                     | 6    |
| „    „    DR. VERNON ARDAGH, PORT ESSINGTON, SKEENA RIVER .. .. .                | 9    |
| „    „    DR. H. HICKIN, T'AI-CHOW .. .. .                                       | 10   |
| EXTRACTS FROM SOME PRIVATE LETTERS FROM DR. A. LANKESTER,<br>OF AMRITSAR .. .. . | 12   |
| STATISTICS OF C.M.S. MEDICAL MISSIONS FOR 1892 .. .. .                           | 15   |
| LINEN RAG SOCIETY: SECOND ANNUAL REPORT .. .. .                                  | 16   |



# C.M.S. MEDICAL MISSIONS.

---

THE General Committee of the Society, in view of the steady growth of the Medical Missions Auxiliary, and the importance of that organisation, not only as increasing the revenue of the Society, but also regulating the supplies to its Medical Missions abroad, have appointed Dr. Herbert Lankester, who has for two years acted as Honorary Secretary, to be full Secretary to the Auxiliary Committee. In addition to the duties devolving on that office, Dr. Lankester has been charged with highly important work in connection with the professional examination and care of Missionaries, both outgoing and incoming, having suitable rooms in the C.M.S. House, Salisbury Square, and being always at hand to give any medical guidance or assistance which the foreign staff may require.

---

In accepting this appointment, Dr. Lankester retires from a highly promising West End practice, and, at the sacrifice both of present emoluments and future success, devotes his experience as a physician, trained in one of our great hospitals, to the Missionary cause, to which he has already given much loving labour during the engrossments of a professional life.

---

We are much behind-time with this issue, but we hope that with the new arrangements which have been made for carrying on the work, this will not occur again, and that in the future the "Quarterly" will be ready by the first of the month without fail.

---

We shall always be glad of any Medical Missionary news that may be of interest to our readers. Any letters for publication should be addressed to the Secretary, Medical Mission Fund, C.M.S., Salisbury Square, E.C.

---

We have some flourishing Branches,—Eastbourne sent up, in 1893, £100 for Kashmir; St. Paul's, Onslow Square, £32 4s. for Amritsar; and Bristol £70 for the Medical Mission Fund;—but we want many more. We have special collecting boxes and cards, and we wish to form branches of the Fund throughout the country. We have not found that a Medical

Mission Branch in any way injures the collections for the ordinary fund of the Society. In fact, many will give to Medical Missions who will not give to ordinary Missionary work. We want Branch Secretaries, but the amounts can quite easily be included in the ordinary parish accounts, and can be sent up through the Secretary of the town or district. We shall be very glad to hear from any ladies or gentlemen who can help on the work by being responsible for it in their own district. We will do all we can to supply literature and speakers.

---

At present the General Committee are giving £2,500 towards the upkeep of all the Medical Missions, and the balance comes from the special Fund, but we are glad to announce that we have just been able to tell the General Committee that we can manage with £1,000 less this year, and we hope that very soon we shall be able to bear all the cost of the medical part of Medical Missions without any help from the General Fund. Will C.M.S. friends especially remember this work when they are trying to obtain help from those who do not seem inclined to give towards ordinary Missionary work. Many will give to cure the bodies of the heathen who care but little about their souls.

---

We have sent urgent letters asking for photographs illustrative of medical work, so that we can compile a special series of lantern slides. Some have arrived, and we hope soon to have a good set, and any friends who wish to borrow it can do so on application.

---

We are wanting several more Medical Missionaries. One or two for East Africa, one for West, a second for Cairo, and several for China. The Medical Missionary is able to go into villages and speak to the people when they would not listen to a clerical Missionary. Will our readers note what Dr. Arthur Lankester says about the joy of being able to tell the Gospel in the vernacular as in truth GOOD NEWS. (*See p. 12.*)

---

By April we shall have some of the statistics for 1893, and in some cases we know they will show a large increase in the amount of medical work done, and our readers must remember that this means a large increase in the number who hear the Gospel.



## BUNNU MEDICAL MISSION.

LETTER FROM MRS. PENNELL.

UNTIL a Christian actually enters the foreign Mission Field, I feel it is well-nigh impossible for the intensity of the need for more labourers in the Vineyard to be adequately realised—so gross is the ignorance, so dense the darkness, so fierce the bigotry that overshadows the people. I once heard a preacher say, “If God commands you to leap through a stone wall, it is your business to jump at the wall—it is God’s business to get you through.” The command, “Go into all the world and preach the Gospel to every creature,” is His, and though the work here seems to human eye so hopeless, yet the eye of Faith, trusting His promise, “My word shall not return unto Me void,” looks forward to the time when His Light shall shine upon the darkness, and the heart, “failing for fear,” looks up and takes courage.

For healing of the body, the people come in crowds—every morning about 200 are in the Mission Compound. On the wall opposite where they wait their turn to be seen by the Doctor, we have put up the text John iii. 16, reading which some of the men wax wrath, and were we not there would quickly tear it down. The first day the in-patients refused to take their food, because cooked by one of our native Christians, and handed to them by him; but on Dr. Pennell and myself going at once and giving the food ourselves into their hands, they took it, and since then things have gone smoothly, for we have made it a rule that those who refuse to take the “Christians’ food” shall not take the “Christians’ medicines.” The latter they highly appreciate. A few seem grateful for kindness shown, but most appear callous, and to look on gifts as their right. But we have to remember how ignorant, wretched, and poverty-stricken most of these Waziris are, and that from time immemorial they have lived by plunder and robbery. We have a Pushtu-speaking catechist, who has to read the Bible or speak to the people while waiting their turn, and we are longing that the seed may take root in some heart.

During the hot weather, while at Sheihk Budin, a young Pathan from Cabul (one of our servants) accepted Christ as his Saviour, and was the first native baptised in the Government Church on the Hill; and though his life has been threatened, and former friends have bribed and persecuted, thank God he has never wavered, but stands firm. I read in your Medical Mission Quarterly, “Sometimes people ask whether a Mission Hospital is worth the extra expense.” I should like them to know that from more than 100 miles distance, and from villages far over our frontier, where no Missionary can go, “the maim, the halt, and blind” hear of the English Doctor, and wend their weary way to him. Hoping for healing of the body, with medicine for their disease, they hear of the Christ sent by God as the Saviour of their souls, and on their return to their distant dwellings, doubtless the glad tidings are passed on to many others whom we could never reach, and the day may come ere long when the result will raise a glad Hallelujah to our lips. Oh! ye of little faith! is this not worth your money?

## DERA GHAZI KHAN MEDICAL MISSION.

LETTER FROM DR. JUKES.

**I**T is, I think, near a fortnight since I sent my estimates and indent for drugs and instruments to the Correspondence Committee, and I now sit down to write something for your quarterly paper. I propose to take Itinerating Work as one sphere of the Medical Missionary's duties.

You are, perhaps, well aware that the Rev. G. M. Gordon was a great Itinerator, and it was his ardent wish that my colleague, Rev. A. Lewis, and I should also follow in his steps. He had occasionally treated cases of diarrhœa, or cholera, or other ailment, and he had been greatly struck with the effects sometimes produced by a few drugs judiciously administered, and was led to form the highest opinion of what an Itinerating Medical Missionary can do. A Clerical Missionary, when itinerating in these parts, is not quite so favourably situated for work as those working in and about Amritsar, Delhi, and other places. Here, the villages are often many miles apart; there, you will often find five or six in a radius of two miles from your centre, whether it be a village, house, or tent. There, there are in many villages Christians to be instructed; here, there are none, though, by God's blessing, in several there are now inquirers. There, the Missionary can pay visits to and give instruction to several villages in a day; here, he reaches a village tired after a long tramp, finds few to listen to him, and renews his journey next day with a like experience. There, the people are often able and willing to read tracts and portions of Scripture; here, there is no demand for such wares. When I first came to the district—April, 1879—the best locality had to be chosen as headquarters, and for two years we were living in tents, or traveller's rest houses. I of course kept pace with the Clerical Missionary. Intimation of our arrival was sent to the village headman, or word sent on the day before that a Doctor was coming, and that sick people would be treated free, and sometimes they came by hundreds, sometimes were indifferent; but the Doctor saw what patients came to him and gave his medicine, and when able to do so, preached the Word; but the medicine was for the most part thrown away. The patients were mostly chronic cases of illness, and what could a medical man do, seeing them once? The next day he packed up and went off to some other village, and renewed the performance. Could patients be *cured* thus? And our commission is *Heal* the sick. No, it was only occasionally, and chiefly in trifling cases, that a cure was effected. In those days there was no base hospital to send severe cases to, or those requiring operation, and the patient would naturally come to the conclusion that English remedies and Doctors were as ineffectual as the country ones for removing *his* complaint. The Missionary work was as little effective as the Medical. What could one hour of preaching do to remove the prejudices of a lifetime, when perhaps the Missionary was little understood, and what was the effect on the Missionary himself? Disappointment is no word for it. After two or three years of this work, the writer came to the conclusion that if this was being a Medical Missionary, the sooner he gave it up and became



Clerical the better. And why? Because all successful practice is based on experience, and experience is obtained not by giving medicine to all who may apply, and renewing your journey, but by studying your cases, seeing the effect of your treatment, modifying it according to circumstances, and marking the result. None of this occurred in my case, and I felt that what medical knowledge I had was day by day vanishing, because there was no opportunity of watching the effect of my remedies. Does it therefore follow that it is useless for a Medical Missionary to Itinerate? By no means. But he must work on his own lines, he must aim so to arrange his work that it shall be effective; and therefore he cannot work with a Clerical Missionary Itinerating, unless the Clerical can make his movements fit in with the needs of the Doctor's patients. In 1885-6 I went into the country for a change and rest. I did not seek to do any Medical work, as I required rest, but I had my medicine chests with me for personal reasons, and seeking rest, I did not go from village to village, but stayed in one place five or six days, and went to another, and stayed five or six days there. There were no villages in sight, the nearest a mile away, but I had more patients come to me than on any Itinerating tour in the same time. I had preachings four or five times a day to different audiences, and the people were amazed to find that there was a cure for the ague and many other complaints they considered without remedy. But then I stayed in one place *as long as the patients' needs* required, and when I went, it was not so far but many would come and see me there too. And surely this should be the Medical Missionary's aim—to *heal*; not to give away remedies to so many hundreds or thousands, but to lay himself out to cure them, if he has to stay ten days or a fortnight in one place.

Now about his equipment. It will of course vary in different countries, and according to his carriage. Medicine chests can be carried in carts, or by men, without much fear of loss, but from the Punjab to Morocco I fancy the camel is the means of carriage, and the same means are used to-day as were probably used by Abraham. When we use a pack-horse or mule, we *fix* the burden on the animal by girths. There is nothing of the sort in the case of the camel. A kind of pack-saddle, with a hole in the middle for its hump, is put on the camel's back, and its load is *balanced* upon this. There are no bands or girths to fix it, and if the two sides are not evenly balanced, they fall off of themselves. I have often had to treat people who have been wounded in this way. Sometimes the camel will throw its load, and then the bottles have small chance of surviving. Hardly a journey occurs but there are breakages. The Itinerant Missionary should therefore try to have his remedies in form of pills or tabloids, and keep them in tins, and what fluids he requires should also be in tin or gutta-percha bottles. Nitro-muriatic acid is most necessary wherever ague occurs, at least I find patients do better with it and some preparation of cinchona, than without; and chloroform, and some spirits and tinctures, are almost necessary. Oils of some sort, too, are needful. In these parts there are plenty of ulcers and skin complaints, but few fractures. The stock of instruments required is not large—a minor operation case, a sound, and

tooth forceps, and, in the Valley of the Indus, lithotrity instruments enema, and ear syringes. We are in the habit of taking out powders or pills for the prevailing complaints, but the treatment of the native hakims is so severe that an ordinary purge produces little satisfaction.

There are many cases of eye disease which require operation, but I have never been able to bring myself to operate on cataracts, and leave them to take care of themselves. Some do so, as a certain proportion of cases do well, but each man must be guided in such cases by what seems to him to be right.

In this district, lithotomy and lithotrity are common, and many cases can be treated on the spot where the stone is not bigger than an almond, and a soft uric acid stone. The patient often feels quite well the day after, in fact some immediately after operation are so well as not to believe the operation has been done, till they see the crushed stone.

In the fall of the year malarial fevers abound, and the Government cinchona febrifuge, which costs Rs.10 per lb., is more effective than quinine; but it nauseates in form of powder, and is best given in mixture with Acid Hyd. Nit. Dil. When itinerating, however, we have to give it or quinine in form of powders. I have known of patients being given 5 grs. of quinine every two hours, and others taking 60 or 80 grs. in a day. I believe that a large proportion of the so-called enteric fever in India is a remittent fever due to overdosing by quinine; that it does exist I have not the least doubt, but after fifteen years in India I have not seen a case I could pronounce to be enteric fever. I have seen cases so called get well at once when the quinine was discontinued, and the ordinary effect of the Government cinchona febrifuge *is to exacerbate the fever* after the first dose, after which it declines. I believe if 10 grs. per diem is not enough to check a malarial fever, it is better to adopt other remedies, of which there are many—eucalyptus, Warburg's tincture, ammonium, carbazot; but in my hands few have been more successful than tincture of aconite in minim doses only while the fever lasts, and not exceeding twenty minims altogether, giving anti-malarial remedies during the interval or recession of the fever, even if the temperature does not fall to normal. For the distressing sickness of fever, m. x. of chloroform in water is the best remedy.

For preaching, the magic lantern is most useful, and large audiences are secured.

In our early years there was often difficulty in getting provisions, but since the Medical Mission has become more known there has been no difficulty of this sort, and I believe the writer could travel alone amongst all the border tribes speaking Biluchi or Jatki without difficulty, and would be everywhere welcomed.

After February, when it begins to get warm, and till November, there is always a chance of having to treat snake bites. Nearly all I have had to treat have been bites from the Ekis snake, a viper, and 15 m. doses of liquid ammonia in water every half-hour or hour has been the most successful treatment; but all treatment becomes difficult when owing to caste prejudices patients refuse food or lose all hope, as some do, when hæmorrhage occurs.



## METLAKATLA MEDICAL MISSION.

LETTER FROM DR. VERNON ARDAGH.

I AM sending herewith, on the form sent me, as much information as it is possible for me to send you at this time concerning the Medical Mission part of our work. I am sorry that, owing to my itinerations on the river just now, I cannot get at the statistics for the out-patients for first half of last year; but rather than keep back the form from going to you in good time, I send it to you as it stands. On my return to headquarters at Metlakatla, I shall send you some more items.

I wish to explain a few points in connection with our work, which may be a guide to you in comparisons. Roughly, our work through the year is divided into three sections: (a) From the end of the salmon-fishing season (about the end of July or early part of August) to about the 10th of March—this time is spent *mainly* at Metlakatla, at the Hospital; (b) from the 10th of March to the first week in April, itinerating between Kincolith (on the Nass River) and "Fishery Bay" (16 miles up the river); (c) from the 1st of May to the end of July, itinerating about the various canneries on the Skeena River.

The first section of time (*viz.*, at Metlakatla) is a season when all the Indians are mostly at their own homes, having done with their fishing of salmon. We then get about an average of eight out-patients a day, while there are one or two in-patients a week—most of these are of a medical nature. Occasionally we have at the same time in Hospital five cases (about two in each of the two Indian wards, and one in the ward for white patients; amongst these latter I class Japanese, who always wish to pay for all they get). Our population at Metlakatla is about 230 Indians "all told," so that, as we are also separated by long distances from our other stations by water, we cannot expect a larger number of cases. Still, all serious cases are sent to me from either Kitkatla or the Skeena River. The Hospital at Fort Simpson worked by the Methodists gets some of the Indians from the Nass River, to which it is nearer than the "Caledonia Hospital."

Section (b).—*On the Nass.* An average attendance of about eighteen cases a day. If we had but a little house into which we could put some of the worst cases, with our nurse, we would be able to get a still better hold of these heathen Nishga Indians. I have, through Conference, applied for a small grant to enable Archdn. Collison and myself to put up a small shanty, well protected from the bitter cold, where we can have a surgery, and, if the money will let us, we could also put in a bed or two. I should like very much to be able to have Miss Appleyard, the new nurse, not only up there at the time, but also later, when on the Skeena River. During this period, of course, the Hospital is shut, there being no assistant capable of taking charge.

Section (c).—*On the Skeena.* Hitherto, and this year also, my headquarters at this time is Port Essington, the S.P.G. station, from whence by boat I itinerate around the eight salmon canneries in the river—covering on an average twelve miles per day in "row-boat." Much

valuable time is of course thus lost going and coming on the water, and especially when one meets headwinds or encounters unfavourable tides; nevertheless I believe the regular visitations to these canneries gives confidence to the people in a medical man. Though I have always to pull my own boat, and often one gets very tired out, the sense of duty fulfilled gives one much satisfaction, and after all it tends to keep one healthy in spite of the rain and wettings one gets. Cases at this time average from eighteen to twenty in the day.

And now I wish to lay before you a scheme for this season which I *confidently* believe will do much good. I propose to spend about \$200 at a place like Claxton (where we have a Church already built and attended to by the Rev. R. W. Gurd), in putting up a small house of four rooms only—and a “lean-to” kitchen behind—where I could accommodate not only myself, wife, and child, and the nurse (Miss Appleyard), but put up a patient or two, and to this centre from the surrounding canneries send in any bad cases needing special nursing.

Essington would be a better centre, but as Dr. Bolton, the Methodist agent, has his nurse and rooms for the sick here already, it would not do for us to go there also. This year the Methodists have the advantage over us in the matter of care for the sick—for here I am with neither nurse nor accommodation for the sick anywhere.

Claxton is a growing place, where there is both a salmon cannery and a saw mill employing a good many hands, both white and Indian; the manager is most favourably disposed to the Church, and will do a good deal in the way of supplying much free lumber for building purposes to anyone of us who would help to make his place better known and draw people there. Would you care to have any account of the nature of medical and surgical cases met out here at any time? If so, I shall devote my next letter to that especially.

---

## T'AI-CHOW, MID-CHINA, MEDICAL MISSION.

LETTER FROM Dr. HERBERT HICKIN.

**A**T present I am living in the Church house, with my native teacher as dispenser and “Jack-of-all trades.” My dispensary is in the school-room below, and takes place with about a dozen boys all yelling out their classics; my stock room is in my bed-room. When the drugs and instruments come I don't quite know where to find room for them, as my rooms are native ones and very small. This state of things obviously cannot be permanent; but for the present, and most probably for six months or a year to come, I may let things remain as they are. My ultimate abode is not yet decided. This place is most central and convenient in many respects.

I have been itinerating with the native Pastor some three weeks, just at the commencement of the hot weather, and have been enabled to take a survey of most of the important centres of the work.



It was inconvenient to take many medicines with me, so we kept as quiet as possible, only seeing Christians and their immediate friends and neighbours; yet in every place crowds of patients came, and our medicines were all used up. In these itinerations we were received in the houses of the Christians and taken about from house to house to feasts provided in our honour. The evident pleasure and good-will the natives exhibited in these things was very gratifying. The first expedition was in the vicinity of T'ien-t'ai, about half-a-day's journey from here; the next to Wang-an, about two days distant; but we took it in detachments, delaying on our way at two other villages where there are Christians. We found Wang-an a more opulent district than this. It is one large plain surrounded in the far distance by blue hills. In the plain are numerous farm houses and homesteads dotted about among the paddy-fields. It seems an unhealthy and very malarious district. The extreme prevalence of elephantiasis is very remarkable, nearly every other man being affected with it in more or less advanced stages, while here, though there are likewise any amount of paddy fields, it is comparatively rare. I do not know how to account for its prevalence there. The medical work assisted the evangelistic splendidly, giving abundant opportunities for the proclamation of the Gospel, and these opportunities were used to the full by the Pastor and other evangelists. I am sorry I can do so little in this direction myself as yet. It is with difficulty that I can make myself understood, the T'ai-chow dialects are so very different from the Hang-chow.

In the autumn I hope to itinerate frequently; at present I am too busy, and the evangelistic band has returned temporarily to Ning-po leaving me short of helpers. The Pastor, too, has gone to Ning-po to see his family, leaving the Sunday services in the Church to me, in default of a properly qualified man. Bishop Moule, on Rev. J. C. Hoare's recommendation, has kindly furnished me with a licence to do so; but though it affords me much pleasure, I yet do this only under protest, feeling that it is scarcely in my power to render the services which are needed, pastoral as well as the mere formal conducting of services; the former are almost entirely neglected, being beyond my power, but I hope such will not occur again, as we hope for an assistant pastor or curate soon. The Rev. J. H. Jose is at K'ong Ky'in, some three and a half miles off, where he holds most encouraging Sunday services mainly for the heathen. The weather has been too hot to permit of his taking charge of the services here, and he also thinks it would be a pity to interrupt his work.

There appear to be four or five inquirers as the fruit of the four months' medical work, and I hope by autumn there will be many more. This is an encouraging district—people seem to have a favourable opinion of Christianity, and are far more ready to come out as inquirers than in the other parts of China.

We hope for a hundred applicants for baptism in the autumn, but possibly there may not be more than sixty or seventy.

The natives are very anxious for a hospital, so that patients from a distance can be received and kept till cured; but for the present it

seems a wiser course to wait till we are better known, and more firmly established. A hospital is an anxious and rather unwieldy institution, especially in retired districts like these, and an ungrateful patient might easily start a riot and get our hospital wrecked.

## AMRITSAR MEDICAL MISSION.

EXTRACTS FROM SOME PRIVATE LETTERS FROM DR. ARTHUR  
LANKESTER.

I AM having a glorious time of hard work out in camp. One day, I with my assistant saw nearly 400 patients, and we have such good times for preaching. Can you imagine how it feels to be giving the GOSPEL as in truth GOOD NEWS, something that people have never heard before, instead of trying to put very old truths in a form which shall catch some special ear, as it is in England.

IN CAMP, BEAS, *Sunday, Nov. 26th, 1893.*—I have been hard at work as before, right on through the week, with lots of encouragement, and, of course, some rebuffs. We started on Monday for Saltyala, via Chappiwala and Thattian, at each of which places we had audiences of 50 men, attentive, but inclined towards hostile argument. There have been more Mohammedans in the places visited this week, and as a natural consequence, more of bigotry and opposition. I stayed two days at Saltyala, a place of 4,500 people, and had lots of work. On Thursday morning I came in on ekha to see my cataract cases, going out at once to Baba Bakalah, where I found my tents already being pitched, and had time for an afternoon's medical work. This was one of the sacred villages of the Sikhs, but I pleased them by showing that (from previous reading) I knew all about it, and about the "Guru" who used to live there. I had been led to expect a very difficult time here, but had quite the reverse.

A long, happy day on Friday. I have now greatly improved my arrangements. I have a special open awning tent for the medicines and dispenser while I sit myself apart—if possible in the shade. In the morning, when say 50 or 60 patients have collected, I go out, and give blank pieces of paper all round. Then we have our first service, at which I or one of my workers speak, say for half or three-quarters of an hour. The people listen without any impatience. When this is over I begin seeing them, and write my prescriptions very simply on the little papers, which they take to the dispenser. When all the ticket-holders have been seen, there will be a still larger crowd of later arrivals. So with or without (usually without) any interval, we give tickets round again, and have another service. This is repeated usually three times in the day, so that as far as possible, every single person who comes for treatment has a good chance of hearing the Gospel plainly and simply. This is, I think, quite the most convenient way of doing the work. Some system is needed, for as you will easily see, to attend carefully and separately to say 200 new cases, almost all poor



people, who need instructions to be very carefully drummed into them, takes up no small amount of time. There is no very special news, except that Miss Tucker is very seriously ill at Amritsar.

On Saturday morning I started for Beas to do operations. Had some cataracts and an ear case. Left by the afternoon train to see Dr. Clark on some special business, and while there, paid a visit with him to Miss Tucker. She is very bad, and I cannot help thinking I may not see her again. Dear old lady, her work is over, she is longing to be with her Master, and it is hard to wish her to stay. I got back by the midnight train, reaching my tent at Beas at 1.30 a.m. I was anxious to be present to take the Sunday Services for our company (about 20 in all) at the Beas.

On the Sunday I took the services and addresses in morning and evening, and did a rather difficult and urgent eye operation. Had a very bad feverish cold, made worse by previous day's work. On Monday morning I did three cataracts, and saw a lot of patients. Then Dr. Clark came, and we had a chat. Then we left by a railway "trolley" for our new camp at Reicea, close to the high road and the rail. This morning I went for a sharp walk along the road. As fresh, and crisp, and cold as a lovely, cloudless, late November morning would be at home. Now it is time for me to start the day's work. Mrs. and Eric Clark left the Beas bungalow yesterday quite well. It has been nice having them there for the last ten days.

*Dec. 3rd.*—Miss Tucker died yesterday afternoon. The funeral will be at Batala on Tuesday. I shall not be able to go. Dear old lady, no one could be with her without loving her. So earnest in the work, even to the end. If we can assign any cause to her illness, it was that she got up and did work when she had already caught a chill. I go on tomorrow to Maktabkot, where I expect I shall stay for two days. That will complete this part of my itineration. Had a nice day to-day; spoke at our morning's service about the work and need of the Holy Spirit in our hearts. How I do long to be used to waken the native Church to a deeper sense of its responsibility.

*Dec. 10th.*—I came in from camp last Thursday, as Dr. Clark wanted to go to Narowal, and I had finished the part of our district this side of the Beas River. I should not have time possibly to finish the part beyond before Christmas; also my Punjabi examination is in three weeks' time, and Dr. Clark thought it would be well for me to come in to get more time to work for it.

I sent off my last letter on Sunday. On Monday we set off to join our camp at Maktabkot, a very large village four miles off. Here we had real good times, with lots of hard work, and plenty of friendliness. I visited Bhalojla, where I had reason to hope for fruit, and on Wednesday morning, six men, representing all the low caste people of the place, came to me to say that they all—twenty families of them—wanted to become Christians. I questioned them very closely as to motives, etc., but feel very hopeful about, at any rate, a large proportion of them. That same morning, the chief people of Maktabkot came with the offer of the best piece of land if we would start a school on definite

Christian lines. They would gladly pay ordinary fees. There are many large villages near, all quite school-less, so it would be a fine opening.

On Wednesday night, in my tent, our usual little Bible reading became a thanksgiving meeting, and with all our hearts we thanked God for the month of happy, earnest, and encouraging work together, without even the smallest shadow of friction or trouble between us. I came into Amritsar on Thursday, and have been very much pressed ever since, as owing to Dr. Clark's absence I have all the Medical Mission work on my hands, besides my language work, which needs every minute I can give. My days are from 7 a.m. till 1 a.m., as it used to be in London, and it is not so easy somehow to work here.

---

The following is a letter from the House Surgeon at the Amritsar Mission Hospital to Dr. A. Lankester, and may be of interest to our readers:—

“Amritsar, 4. 12. 93.

“My very dear Sir,

“I humbly beg to write to you that By the Grace of our Lord we are all well here, and hope that you will be a same.

“Sir, I have heard that you have done a great medical and evengelistic work in your this first camp. It is the very blessing of our God, that he gave you.

“I am very glad to hear this good news.

“May God give you the more strength and Blessing to do his work there.

“Sir, we are always remembering you, and also hope that you will do so about your this poor servant too.

“Sir, I could not write to you so soon, because I could not have a time. I was living in hard working day and night in last week.

“So kindly excuse me for not writing to you. Also kindly Pray for your this poor servant, that may God give me the Consolation to my heart, and more Blessing and Strength to do the Christ work in this world.

“Sir, I am very sorry about the Miss Tucker's death, and if I am thinking it looks much Better, that she have got a heavenly rest and crown, and that she leaves all worldly trouble, and got a rest.

“She was actually a Saint in Christ.

“Now with this poor servant's salam,

“Yours obdtly.,

“F. LAHIZ.”



# STATISTICS OF C.M.S. MEDICAL MISSIONS for 1892.

|                                                                                | No. | Founded. | Medical Missionary.                                                                  | No. of Beds. | No. of In-Patients. | No. of Out-Patients. | Visits to Homes. | Operations. |                                                                   |
|--------------------------------------------------------------------------------|-----|----------|--------------------------------------------------------------------------------------|--------------|---------------------|----------------------|------------------|-------------|-------------------------------------------------------------------|
| GER.                                                                           |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Lokoja ...                                                                     | 1   | 1890     | In abeyance.                                                                         |              |                     |                      |                  |             |                                                                   |
| E. AFRICA.                                                                     |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Mombasa ...                                                                    | 2   | 1887     | C. S. EDWARDS, 1888 ...<br>M.R.C.S., L.R.C.P.                                        | 50           | 120                 | 13000                |                  |             |                                                                   |
| Chagga ...                                                                     | 3   |          | E. J. BAXTER, 1877 ...<br>L.R.C.S., L.R.C.P., Edin.                                  |              |                     |                      |                  |             | At Home.                                                          |
| Uganda ...                                                                     | 4   | 1891     |                                                                                      |              |                     |                      |                  |             |                                                                   |
| EGYPT.                                                                         |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Cairo ...                                                                      | 5   | 1889     | F. J. HARPUR, 1885 ...<br>B.A., M.B., B.Ch., T.C.D.                                  | 5            | 51                  | 24187                |                  | 450         |                                                                   |
| PALESTINE.                                                                     |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Gaza ...                                                                       | 6   | 1882     | Rev. R. STERLING, 1893 ...<br>B.A., M.B., B.S., Dur.                                 | 10           | 71                  | 3832                 |                  | 147         | Hospital re-opened, April, 1893. These numbers for 3 months only. |
| Nablus ...                                                                     | 7   | 1891     | Dr. GASKOIN WRIGHT, 1891,<br>M.R.C.S., L.R.C.P.                                      | 8            |                     | 10113                | 865              | 304         | Temporary Hospital just opened.                                   |
| ERSIA.                                                                         |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Baghdad ...                                                                    | 8   | 1886     | H. M. SUTTON, 1886 ...<br>L.R.C.P., M.R.C.S.                                         | 2            | 30                  | 4622                 | 187              | 300         |                                                                   |
| Julfa ...                                                                      |     | 1879     | D. CARR, 1893 ...<br>M.B., B.Ch., Camb                                               | 2            | 23                  | 11204                |                  |             | Just appointed.                                                   |
| UNJAB.                                                                         |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Amritsar ...                                                                   | 10  | 1881     | H. M. CLARK, 1881 ...<br>M.D., C.M., Edin.                                           | 18           | 229                 | 62244                |                  | 1433        |                                                                   |
|                                                                                |     |          | A. LANKESTER, 1891.<br>M.B., Lond.                                                   |              |                     |                      |                  |             |                                                                   |
| Dera Ghazi Khan...                                                             | 11  | 1878     | A. JUKES, 1878 ...<br>M.R.C.S., L.R.C.P.                                             | 36           | 113                 | 42906                |                  | 520         | In-Patient Hospital not finished.                                 |
|                                                                                |     |          | J. O. SUMMERHAYES, 1893.<br>M.R.C.S., L.R.C.P.                                       |              |                     |                      |                  |             |                                                                   |
| Bannu ...                                                                      | 12  | 1892     | T. PENNELL, 1892 ...<br>M.D., B.Sc., Lond.,<br>F.R.C.S., Eng.                        |              |                     | 613                  | 56               | 19          |                                                                   |
|                                                                                |     |          | W. F. ADAMS, 1893<br>M.R.C.S., L.R.C.P.                                              |              |                     |                      |                  |             |                                                                   |
| Kashmir ...                                                                    | 13  | 1884     | A. NEVE, 1881 ...<br>F.R.C.S., Edin.                                                 | 70           | 619                 | 22080                | 1200             | 2198        |                                                                   |
|                                                                                |     |          | E. NEVE, 1886.<br>M.D., F.R.C.S., Edin.                                              |              |                     |                      |                  |             |                                                                   |
| Quetta ...                                                                     | 14  | 1885     | S. W. SUTTON, 1885 ...<br>M.D., Lond.                                                | 28           | 93                  | 6553                 |                  |             |                                                                   |
|                                                                                |     |          | M. EUSTACE, 1889.<br>M.D., Dub.                                                      |              |                     |                      |                  |             |                                                                   |
| CHINA.                                                                         |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Itinerant Mission ...                                                          | 15  | 1890     | W. W. COLBORNE, 1890<br>M.D., Lond.                                                  |              |                     | 8000                 |                  |             |                                                                   |
| Pakhoi ...                                                                     | 16  | 1886     | E. G. HORDER, 1883 ...<br>L.R.C.P., Edin.                                            | 40           | 258                 | 7514                 | 86               | 2650        |                                                                   |
| Fuh-Ning ...                                                                   | 17  | 1878     | B. VAN S. TAYLOR, 1878<br>M.B., C.M., Edin.                                          | 50           | 607                 | 7029                 |                  |             |                                                                   |
| Fuh-Chow ...                                                                   | 18  |          | W. P. MEARS, 1890 ...<br>M.A., M.D., Dur.<br>Mrs. W. P. MEARS, 1890.<br>L.K.Q.C.P.I. |              |                     |                      |                  |             |                                                                   |
| Nang-Wa ...                                                                    | 19  | 1889     | J. RIGG, 1878 ...<br>M.B., C.M., Edin.                                               | 46           | 332                 | 8352                 | 61               | 287         |                                                                   |
| IND-CHINA.                                                                     |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Ningpo ...                                                                     | 20  | 1888     | R. SMYTH, 1893 ...<br>M.B., B.Ch., Dub.                                              | 35           | 233                 | 5376                 |                  | 115         | Figures for 1891.                                                 |
| Hang-Chow...                                                                   | 21  | 1871     | D. DUNCAN MAIN, 1881<br>M.B., Edin.                                                  | 106          | 616                 | 12097                | 782              | 1090        |                                                                   |
| Tai-Chow ...                                                                   | 22  | 1893     | H. HICKIN, 1887 ...<br>M.B., C.M., Glas.                                             |              |                     | 861                  |                  |             | In first 3 months.                                                |
| NORTH PACIFIC.                                                                 |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |
| Metlakhtla...                                                                  | 23  | 1889     | VERNON ARDAGH, 1887 ...<br>L.R.C.P., L.R.C.S., Edin.                                 | 10           | 25                  | 1880                 |                  |             |                                                                   |
|                                                                                |     |          |                                                                                      | 516          | 3420                | 252473               | 3237             | 9513        |                                                                   |
| There are also two Medical Missions in charge of Native Doctors, viz.:—Tank... |     |          |                                                                                      | 10           | 375                 | 13029                | 345              | 2626        |                                                                   |
| Salt ... Rev. JOHN WILLIAMS                                                    |     |          |                                                                                      |              |                     | 7369                 | 1793             | 21          |                                                                   |
| Dr. SALEEBY                                                                    |     |          |                                                                                      |              |                     |                      |                  |             |                                                                   |

# LINEN RAG SOCIETY.

## SECOND ANNUAL REPORT, 1893.

Patroness: LADY KENNAWAY.

Hon. Sec.: MISS E. M. WARE, 13, Stafford Terrace.

THE LINEN RAG SOCIETY was started in January, 1892, to provide C.M.S. Hospitals with linen, flannel, lint, bandages, etc. There is no subscription, but all members are asked to send to the Honorary Secretary not less than three old handkerchiefs, or one small bundle of linen or lint. Members' cards, directions for making bandages, etc., to be obtained from the Honorary Secretary.

There are about 80 members in the Central Society, and there are four branches:—

One in Simla.

One in Southampton, with about 40 members; Mrs. Harling, Highwave Bassett, Hon. Local Sec.

One in Hull, with about 20 members; Miss J. Samuelson, Hessle, Hull, Hon. Local Sec.; and a new one has just been started at Bourne-mouth, with Miss T. Logan, Cliff Side, as Hon. Local Sec.

Fourteen bales have been sent out by the Central Society:—

Four were sent out in 1892, three to India, one to China.

The 5th bale was sent in January, 1893, to Dr. Laird, at Cairo.

„ 6th „ „ „ February, 1893, with Rev. R. Sterling, M.D., to Gaza.

„ 7th „ „ „ April, 1893, to Dr. Edwards, at Frere Town.

„ 8th „ „ „ June, 1893, with Rev. A. N. Wood, to Usagara.

„ 9th „ „ „ June, 1893, to Rev. E. S. Carr, at Tinnevely.

„ 10th „ „ „ August, 1893, with Miss Deed, to Rabai (Africa).

„ 11th „ „ „ October, 1893, with Dr. Summerhayes, to Dera Ghazi Khan.

„ 12th „ „ „ November, 1893, to Miss A. Griffin, at Princess Christian Hospital, Free Town. (By special request.)

„ 13th „ „ „ November, 1893, to Dr. Smyth, at Ning-po.

„ 14th „ „ „ November, 1893, to Dr. Gaskoin Wright, for Nablus (Palestine).

Also four small special parcels of flannel or bandages.

The Southampton Branch sent out three bales.

The 1st bale was sent in October, 1893, to the Niger.

„ 2nd „ (sheets) „ November, 1893, with Dr. Summerhayes, to Dera Ghazi Khan.

„ 3rd „ „ „ December, 1893, to Dr. Donald Carr, of Julfa.

The Hull Branch sends gifts through the Central Society.

A class of Deptford flower and doorstep girls sent us several eye bandages.

The Missionary Leaves Association kindly forwarded several of our bales.

During the year, among many other gifts, about 402 handkerchiefs, 25 sheets, 270 bandages, and 431 eye bandages, etc., and £5 os. 4d. in money for expenses, were received by the Central Society; and 26 sheets, 81 handkerchiefs, 27 bandages, 5 pots of Liebig and 2 of Benger, etc., and £1 12s. 6d. in money (in three months) by the Southampton Branch. Donations of money towards the expenses of the Society will be thankfully received by the Honorary Secretary, and any surplus will be handed over to the C.M.S. Medical Mission Fund.

SEVERAL letters have been received. Dr. LAIRD writes:—

“Please accept our very sincere thanks for the useful parcel for the Cairo Hospital. Its contents were just what was wanted, a coincidence that increased its value immensely.”

Rev. R. STERLING, M.D., writes:—

“The bale of old linen . . . proved a great boon. It was just what was needed. It is impossible to obtain anything of the kind in Gaza.”

Rev. A. N. WOOD writes:—

“I am delighted with everything you have sent.”

Dr. SUMMERHAYES writes:—

“I pray God your Society may become more and more useful in the future.”

Letters have also been received from Dr. Edwards, Dr. Martyn Clark, and many others.



# Church Missionary Society.

---

## Medical Mission Quarterly.

No. VI. APRIL, 1894.

---

“Jesus went about all Galilee, **teaching** . . . and **preaching** . . . and **healing** all manner of sickness and all manner of disease. And His fame went throughout all Syria, and they brought unto Him all sick people that were taken with divers diseases, . . . and **He healed them**. And there followed Him great multitudes of people . . . And seeing the multitudes He went up into a mountain . . . and taught them.”—*Matt. iv. 23, 24, 25, and v. 1 and 2.*

---

*All communications should be addressed*

THE SECRETARY, MEDICAL MISSION FUND,

C.M.S., Salisbury Square.

---

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

## Medical Mission Committee.

T. E. BURTON BROWN, Esq., M.D.,  
C.I.E.  
ALBERT CARLESS, Esq., M.B., M.S.,  
F.R.C.S.  
THOMAS CHAPLIN, Esq., M.D.  
EDMUND DOWNES, Esq., M.D.  
C. F. HARFORD-BATTERSBY, Esq.,  
M.D.

MAJ.-GEN. HUTCHINSON, C.B.,  
C.S.I.  
HENRY MORRIS, Esq.  
F. PETERSON WARD, Esq.  
HERBERT LANKESTER, Esq., M.D.  
*Secretary.*

Subscriptions and Donations, either towards the General Medical Mission Fund or towards the expenses of any special Hospital, may be sent to the Secretary of the Medical Mission Fund. Cheques and Postal Orders should be made payable to the Lay Secretary, GENERAL C. COLLINGWOOD.

Money sent to support Cots will be immediately forwarded in accordance with the wishes of the donors.

## CONTENTS.

|                                                        | PAGE |
|--------------------------------------------------------|------|
| EDITORIAL NOTES .. .. .                                | 3    |
| CHILDREN'S PAGE .. .. .                                | 6    |
| LETTER FROM DR. T. PENNELL, OF BUNNOO .. .. .          | 7    |
| "    "    DR. H. M. SUTTON, OF BAGHDAD .. .. .         | 8    |
| "    "    DR. M. EUSTACE, OF QUETTA .. .. .            | 9    |
| "    "    DR. VAN SOMEREN TAYLOR, FUH NING .. .. .     | 11   |
| "    "    DR. EDWARDS, MOMBASA .. .. .                 | 12   |
| "    "    DR. NEVE, KASHMIR .. .. .                    | 16   |
| EXTRACTS FROM ANNUAL LETTERS .. .. .                   | 18   |
| STATISTICS OF C.M.S. MEDICAL MISSIONS FOR 1892 .. .. . | 23   |
| PROPER FORMS OF A BENEFACTION BY WILL .. .. .          | ..   |



# C.M.S. MEDICAL MISSIONS.

---

THE page of statistics is very much the same as in our last number ; very few of the returns for 1893 have yet come in, and we cannot announce the formation of any new Medical Missions.

Urgent requests to open new Medical Missions have been received—one from the Punjab and another from China ; but both have been temporarily declined, because we have not the men to send. The following notice has been sent round to all the Medical Schools in the Kingdom, and we ask for the prayers of our readers that several Medical Men may respond to the appeal :—

## “CHURCH MISSIONARY SOCIETY.

### “OPENINGS IN THE FOREIGN MISSION FIELD FOR FULLY QUALIFIED MEDICAL MEN.

“ The Society having many posts in various parts of the world which are in urgent need of being filled by Medical Missionaries, will welcome offers of service from Medical Men who desire to consecrate their lives and all their skill to the service of Christ among Heathen and Mohammedans. Any gentlemen, being Members of the Church of England, in full sympathy with the Evangelical principles on which the Society carries on its operations, should in the first instance apply to the Hon. Clerical Secretary, The Rev. F. E. Wigram, M.A.”

The above appeal is for men, but we do want the money also. Last week we had a very handsome gift from one who had recently recovered from a serious illness, and we hope that many who are in a similar position will remember the grand opportunity that the Mission Doctor has to preach and heal.

---

We would just mention that we want fully qualified Lady Missionaries, as well as men.

---

The Committee have authorised the formation of a Juvenile Branch of the Medical Mission Fund, which will be worked somewhat on the lines of the Diamond Society, which has existed in Kensington for several years.

The object of the Juvenile Branch is to raise money by small weekly, monthly, or quarterly subscriptions, in order to support beds and cots in the Mission Hospitals. The money will be sent out to the different hospitals in turn, and we hope that in every hospital of the Society there will be a little cot, with a pretty device over it stating that the inmate is being supported by the Juvenile Branch of the Medical Mission Fund.

Miss Ware, of 13, Stafford Terrace, W., is the Hon. Sec. of the Branch Fund, and application for collecting cards, etc., should be made to her.

We shall want Secretaries in different towns and parishes, who can not only collect the money, but also interest the children in Missionary Work. We especially wish to reach those who are not helping at present, and, of course, to work hand in hand with the Sowers' Band. Ladies who are willing to help should write to Miss Ware for particulars.

---

Will our friends please notice that we have a "Children's Page," and hope to make it a regular feature of the QUARTERLY.

---

We regret to notice that in the January number there was a misprint—the amount paid in by the St. Paul's, Onslow Square, Branch during 1893 should have been £63, not £32.

---

Dr. Mears, of Fuh-Chow, has been speaking at several meetings in the neighbourhood of Belfast and in the North of England. He writes that he has had much encouragement, but finds that as a rule the subject of Medical Missions is quite a new one. The Secretary was recently speaking with him at two meetings at Newcastle—both meetings were quite full, and much interest was evoked. A Branch of the Fund was formed, with Miss Mitchell, 34, Leazes Terrace, as Hon. Sec.

---

On page 24 of this number we print Proper Forms of Bequest, which we hope will be remembered when wills are being drawn up.

---

We are going to hold a meeting in the Lower Exeter Hall on May 18th, at 3.30 p.m. The Rev. F. E. Wigram has promised to preside, and we hope that several Medical Missionaries will be present to give an account of their work.



The Committee have published a small booklet entitled "The Altar of Pity," which will be sent on application to the Secretary.

The following letter to Dr. Arthur Lankester, of the Amritsar Medical Mission, will give our readers some idea of what natives think of their marriage customs:—

"TO REVERENED DR. A. C. LANKESTER, M.R.C.S.,

"Medical Missionary,

"Amritsar.

"Reverened Sir,

"I beg to express my heartfelt thanks for the kindness that you are about to bestow on me in connection with cure of my wife, and thousand thanks for the favorable reply returned herewith in obedience to your directions contained therein. The bearer of this has, as I previously stated, swallowed good many poignant pills, &c., &c., and the only remedy left is your celebrated and admirable operation which in our humble opinion will serve as a panacea for her recovery.

"I may be pardoned to say few words in respect of my deplorable circumstances for favour of your information and the perusal of which will undoubtedly induce you to shed tears upon my misery and utter thousand curses upon the bad customs, manners, usages, &c., of this wretched country. Their prevalence is so vastly exercised that hundred of thousands are annually ruined like me, but none venture to annihilate them, alas—alas—alas. According to this cruel custom neither bridegroom nor bride are permitted to court, even their parents in the country villages do not visit each other's houses before the wedding ceremony is over. I unfortunately fell this scandalous custom and married her in last February on the statement of a rascal Brahmin, who did not disclose the fact of her illness, but assured us of her health with false oaths, &c. Thus the ruinous marriage has cast me overboard. I am under debt of Rs. 800, which will be hardly liquidated within the next three years if the Creator allowed me to be alive, otherwise according to the tenents of sacred book I shall be deprived from salvation in the eternity. In conclusion I am sorry to say that my present pay is too inadequate to defray any charges of your valuable service and her feedings in a distant place. I can only offer my prayers to the Saviour to bless you health and prosperity both in this and the next world.

"Yours most obediently,

"SHER SINGH.

"D/26/10/93, Lahore."

## CHILDREN'S PAGE.

"I SAY, Vi! Uncle Jim has been telling us such a lovely story about what he calls a 'Medical Mission.' I've never heard of one before, and he told me to tell you all about it.

"There are some people who live in Turkey and Palestine, and Persia and India, who think that they will be sure to go straight to Heaven if they hate Christ and Christians, and they won't listen to the Missionaries at all, and only a few days ago they tried to throw a lady in a river and drown her. Well, do you know these people have not got any good doctors, and when they get ill, it is horrid, they do such awful things. One day a little girl broke her leg, and do you know they did not put on her one of those nice hard white things like Fred had, but they tied it up tight with a rope, and the leg came quite off. Well, one day, a long while ago, someone was reading the Bible, and he noticed how often Jesus made ill people well, so they thought it would be a good plan to send a doctor to these poor people, who would make them well and also tell them about Jesus—and these doctors are called Medical Missionaries. They have houses like the cottage in the village that father built, with some beds in it and a big room, and every day the patients come to the big room, and then they are told about Jesus, and there they see the doctor, and if they are very bad they go into one of the beds till they are well, and the doctor is so kind to them that they get to love him, and quite forget that they were told to hate Christians, and they listen when he tells them about Jesus, and ever so many love Jesus themselves now; but when they are christened—you know, like they do the babies—their friends often try to kill them. I can't think what they call the people! Oh! Uncle Jim, what do they call the people who hate Christians so?"

"What do you mean, Nettie? Are you still thinking about what I told you last Sunday? Don't you remember, the people are called Mohammedans. I've got some news for you! These doctors cost such a lot of money, but they do so much good that the dear old C.M.S. want ever so many more, and they want the children who love Jesus and are not doing anything for the heathens to try and give a halfpenny or a penny, or, if they have lots of money, sixpence a week, to pay for little girls and boys in the Mission Hospitals. Don't you think you could help? If you can you must write to Miss Ware, 13, Stafford Terrace, London, and she will tell you all about it. If you come to me next Sunday I will tell you more about these Medical Missions."

H.L.



## BUNNOO MEDICAL MISSION.

LETTER FROM Dr. T. PENNELL.

**M**EDICAL Missions are "the thing"—I always thought so, and now I know it. Take, for instance, a place, like this, on the very confines of a great unevangelized nation, among whom to confess the Cross is to realise it to the death, and where Mohammedan intolerance will hardly tolerate even a lukewarmness of its own disciples, but visits such offenders with mutilation and imprisonment; a place, the inhabitants of which, constrained by the iron rule of government to abandon their ancestral profession of brigandage and "lifting," find themselves with their occupation gone indeed. Give these fellows a text about Christ, and having got it read to them by a handy mullah, they will spit and call on God to save them from the blasphemer. Preach to them, and as a rule, if they cannot cry the preacher down, he will not, to use a localism, even see their dust. But even these men have their soft side, and the medicine bottle, and even the lancet too, seem to find it out.

This Medical Mission was opened just sixteen days ago; since then 750 individual cases have been dealt with, and to-day my assistant, Dr. Thomas Solomon, and myself have seen 220 patients, besides sending away a good number who came when gates were closed.

Often they ask why all this work is undertaken for them, and then an opportunity is given for explaining how Christ commanded His disciples that as He served them, so should they serve all men for His sake. They will hear the Gospel preached under circumstances more likely than any other to soften the hard ground and enable the tender seed to take root and spring up and bear fruit, some thirty, some sixty, and some a hundred fold.

God, too, has in His merciful loving-kindness, sealed the Mission with its first-fruits, a Cabuli Pathan, named Jan Khan, who had his first impressions of Christianity while attending the dispensary at Dera Ismael Khan, and last summer publicly confessed his belief in Christ his Saviour, declared it in baptism, and clenched it by persecution endured in the strength of Him who daily beareth our burdens. I remember what was almost the crisis in his conversion. One summer afternoon I was keeping my dictionary company in the verandah of the house at Sheikh Buddir, when I became conscious of distant shouts of "My Doctor Sahib! my Doctor Sahib!" coming up the hill. At first I scarcely appreciated its import, but when it continued I hastily put on my hat and ran down the hill, and found him seized by three Pathans, two holding his arms, and one with Jan Khan's own puggarree round his neck, trying to quench either his cries or something more. On seeing me they were clearing off, but we got them up for a reprimand from the authorities, for fear of this kind of thing going too far. He is now with me here, and is useful talking to the in-patients, and will soon be able to read and write, as he has three hours' schooling daily, after his work is done.

This is a decidedly frontier post. Four miles westward the Afghan frontier posts mark the limit to which we can at present go, though I sincerely hope it is only for the present, and believing prayer has leapt over higher walls than the Sueliman range, and we may surely believe that in Afghan hearts, too, will be found some of our Lord's chosen vessels for the evangelization of Central Asia.

Now, in order to work this district properly, a dispensary and in-patient wards are altogether necessary, and I hope friends will not be long in sending me 6,000 rupees, or £400, to build the same. The school here is doing an excellent work under the hard-working leadership of its headmaster, Mr. Benjamin, and 258 boys read daily in it. Only treat this Mission with the liberality it deserves, and under the gracious hand of our God upon us it will blossom in Ghuznee and Cabul, and its fruit be borne amid the distant fastnesses of Central Asia.

---

## BAGHDAD MEDICAL MISSION.

LETTER FROM Dr. H. M. SUTTON.

**T**HERE is not much progress to report in my Annual Letter. In two departments—the Bible-selling and medical work—considerable opposition from the Turkish Government has been experienced. For some months past the colporteurs had been forbidden to sell Scriptures in several of the towns and villages which they had visited, with the threat that their Bibles would be confiscated and themselves sent back to Baghdad in custody. The governors of these places had evidently received their orders from the central government of Baghdad.

The medical work has been opposed on two occasions during the year, and chiefly on two grounds, namely, that I had a hospital for in-patients, and that I was practising as an apothecary, not having a Turkish apothecary's diploma. Neither the Bible-selling nor the medical work was much hindered by these attacks, though they, of course, necessitated my giving a good deal of time and attention to both of them. The former had to be referred to Constantinople, and a favourable answer has been received. The latter was allowed to drop after I had made my defence to the local Turkish Government through the Consul-General, who took up both matters most warmly. Opposition of this type is endemic in Turkey, but "the battle is the Lord's." His Presence sustains one, otherwise one's patience would soon wear out.

Of inquirers from amongst Mohammedans I have met several in the last twelve months, but only one who seemed to be in real earnest. He was a young man of good education, holding a post in a government office. His work took him away to another town, where he continued to go to the Missionaries for instruction, suffering a good deal of annoyance from his friends on that account.

The convert Yakoub, with his wife and child, whom I mentioned in my last Annual Letter (C.M.S. Annual Report, 1893, p. 74), is still detained



in Hillah, closely watched, and not allowed to leave the town, but otherwise free. I hear of him and from him from time to time. He is letting his light shine before men, and his detention there has "fallen out rather unto the furtherance of the Gospel."

I have not been able to get away much for the important work of itineration. In the spring I paid a short visit to the village of a sheikh whom I have known for several years, and who reads the Bible regularly. He gave me a very warm welcome, and put me up in his house, which speedily became changed into a dispensary, and nearly all the sick of the village came for treatment. After the work of the day, we had Bible-reading and conversation with him and his relations and any others who came in, and after dark sang some Arabic hymns together.

## QUETTA MEDICAL MISSION.

LETTER FROM DR. MARCUS EUSTACE.

**D**URING the year 1893 the Medical Mission work carried on in Quetta shows, I think, a distinct advance on 1892, and has been a hopeful year, happy in results. Many of the improvements in buildings, etc., commenced in 1892 have been completed, making the work of the Hospital and Dispensary easier for the Missionary in charge. For instance, the Hospital kitchen which we wanted so badly has been open for some time, and we have been relieved of the anxiety which buying food in the Bazaar always caused. Two bathrooms have been added, and pipe-water of good quality has been laid on to the whole premises from the city mains. I have not the returns for the year before me, but when they come to hand they will show a large increase in the numbers of both intern and extern patients. In the intern department our twenty-eight beds have been as well occupied as funds would permit, and never by any but serious cases. I often wonder will the time ever come when we shall always be certain of being able to provide for our wards being continually open, when living from hand to mouth shall cease, and serious cases for which we have room will never be sent away for want of funds to supply the patient with food.

We have had several amputations, lithotomies, radical cures of herniae, etc. I shall never forget the time we had with an amputation through the hip-joint. The case was one of hydatids of the femur, with compound fracture high up. I had refused to amputate, believing from the patient's condition that the result would be but death.

The patient, however, earnestly and urgently demanded that the leg should be amputated and a chance of life given him. I gave in, and in a ward specially prepared I amputated; but before giving the anæsthetic, we, together with all his friends and relations, prayed as Christians to the Christians' God, either to spare the patient's life or to give him happiness and freedom from pain after operation and comfort in the Dark Valley. The patient and his friends agreed in asking God for Christ's sake for these things, their solemn faces attesting the fact of their earnestness. The first portion of the prayer was not

granted, but I believe the Lord took the poor patient home to Himself to His home, where he could know in all its fulness what he had only seen the dim outline of during his time in Hospital. He recovered from the operation, but soon died, having no strength to battle on to life again, but he had great peace and painless comfort after the operation. We have still the same difficulty in preaching in our waiting-room, viz., the number of languages spoken; but whenever possible there is an address to the patients. Many of our intern patients take at once to reading Gospel portions, and several take with them the Gospel to their far-a-way homes in Kabul, Ghuzni, or Herat. I have often wished to have the disposal of a small fund, out of which to provide Gospels for many of these patients, who are too poor to buy even a portion costing a few pence.

Of all who visit the Hospital, the Hazara tribesmen are, I still think, the most hopeful, certainly the most interested while they are in as patients. During last year we have had several of these Hazaras as intern patients, and some of these have joyfully accepted the Good News, and though none have been baptized, yet I believe we shall yet see many open Christians from this people.

As to itinerating, I did little during the time, as Dr. Sutton was in England and I had to remain most of my time in headquarters; but I went about enough to show me what a fine position we stand in regarding the itineration of the country round. I visited Kalat,\* the capital of free Baluchistan, and met with a most friendly reception from all classes. Mustung, a large village, or rather series of villages, one-third of the way to Kalat, ought to have an out-station, as the people are friendly and quite open to the Gospel. Another thing to be considered is that Persian is largely understood all over the Mustung and Kalat districts, and we have good translations of the Scriptures in this language. Work in these districts has been very slightly taken up, owing to Quetta being undermanned.

The Mission has been strengthened by the appointment of the Rev. C. M. Gough, so that we have had a Bible-shop opened in the Bazaar, a Sunday School of sixteen started, and regular Church services for our Native Christians. A good site in the city has been given free by the Government for a Native Christian Church. The number of inquirers has increased, and though there have been no baptisms during the year, yet the knowledge of Christ has been spread among the people. I am convinced that the time has come to stereotype the Quetta Mission as the centre for work in Baluchistan.

During the year we have had every encouragement to extend our work. A petition signed by the most influential of all classes and creeds of natives in Quetta was sent to the Church Missionary Society, asking for a Missionary lady doctor to be sent to Quetta, and the way was further opened by advances from the Committee of a large non-religious Zenana Dispensary in Quetta, offering to hand over their establishment to a C.M.S. lady doctor. Also as an example from

---

\* Vide my Report to C.M.S.



among many of private interest in the work, we received a donation of sufficient coals for this winter's firing for Hospital, Book-shop, and Church-room from our prominent Parsee citizen, Khan Bahadur B. D. Patel.

Looking calmly at the position of the Quetta Mission, I believe that it deserves every support from home, and that its field of blessing to others can be largely increased by steady working on the present lines. Our native staff is too small for our work; we look for lady Missionaries and another clergyman. Please God we will soon see our small but important Missionary outpost thoroughly strengthened, and capable of doing all the work which lies so close at hand.

## FUH NING MEDICAL MISSION.

LETTER FROM DR. VAN SOMEREN TAYLOR.

I AM happy once more to commence with the keynote of steady progress in our work here. With reference to the number of patients who this year have joined our Church as regular attendants, I am happy to state that it is larger than that of any previous year. The whole number has been eight, of which number five have been men and three women, but two additional women have attended my wife's Bible Class, which is held here on Sundays. The interesting fact, however, is that of these five men two have been brought in by the women. The importance of this fact needs to be dwelt upon, because in the past we have found it to be the case that the men hinder the women from attending, so it is all the more encouraging when we see the women bringing in the men. One is the son of an old Christian woman who has long been baptized. Another is the husband of a woman who was a patient in the Hospital, and is now a regular attendant at my wife's Bible Class. Another is an old man whom we have long known. He came to be cured of an old ulcer. Whilst here he listened most attentively to the addresses in the waiting-room, and since has come to church regularly. Another is a youth who earned his living by selling cakes in the streets. He was sent into the Hospital in an almost dying condition. He was sent in by a mandarin, who offered to support him. I found that his promise consisted of starvation diet, so I had to assist him out of a special fund placed at my disposal by kind friends at home. Instead of dying he improved, and is now earning his living as a servant in one of the shops of the city. He regularly attends our services on Sundays, and has had to suffer some persecution from the members of his own family. With reference to the numbers attending as *in-patients*, there has been an increase of twenty, 671 as against 651 last year. There has also been an increase of four in the daily average number of in-patients, thirty-seven against thirty-three last year.

There has also been an increase of one in the average number of days that the patients remain in Hospital.

With reference to out-patients, there has been an increase of over

100, which now reaches 7,459. This is all the more encouraging, as this year I have made a small charge at entrance to pay for the bed-cover lent to each patient. I have also made a daily charge for wood and attendance whilst in Hospital. In the Women's Hospital I have also made a small charge to all patients who remained in over a month. This was necessary, as some of the patients evidently found it so comfortable that they would have liked to remain in permanently. I have also made a charge for medicines taken home. The result of these charges has been that this year I have received about \$100 more than the previous year from the Chinese themselves.

We have also increased our Hospital accommodation, as we have added two new wards containing eight beds to the Women's Hospital. This was necessary, as in the hot months the Women's Hospital was overcrowded.

I have also been able to spare a student to open a Dispensary in the neighbouring city of Ning Taik. At present it is only an experiment, but I hope that it may develop into a permanent Dispensary there. I hope next year, if funds be sufficient, to open another Dispensary in another city.

Another decided advance in our work is the fact that our Conference has been able to draw up new regulations with reference to medical students as regards their support during their years of training. In past years this, virtually, has been provided by the Mission. It is now our intention to ask the student to provide for his own support, the Mission only offering two small scholarships to be given after examination. During the past year I have been able to reach and, I trust, favourably influence, the official classes. I had a military officer with me as a patient for over a week, and I was called over a day's journey to visit another military officer. My students have, during the past year, made steady progress, and have given me satisfaction, and I have every reason to believe that in the future they will prove true workers for Christ.

I leave to my wife to write of the women's work in the Hospital, as it has really been under her care, and she has relieved me of all trouble and anxiety in connection with it, simply saying that it has been by far the most hopeful part of our work, and has been in every sense of the word a success, as is proved by the fact that the numbers during the past year have been 196, an increase of thirty-five on the previous year.

---

## MOMBASA MEDICAL MISSION.

LETTER FROM DR. EDWARDS.

AS I have missed writing two Annual Letters, and possibly may not write another before taking furlough, I will this time review, to some extent, the whole time I have been on the coast, and note the changes, which are, I am glad to say, in the direction of progress.

I have never been so free from sickness as here; indeed, till this



year I had hardly lost a day through it, and even the slight fever I had was due to causes very few are subjected to.

We now have good buildings, on about the very best site in all the country round, which caused Mr. Muxworthy, who knew the late Sultan very well, to say to me one day, "I cannot make out how you got Sayed to let you have this shamba!" Colonel Sir Charles Euan Smith, who obtained the grant, would probably be the first to acknowledge God's hand in the matter.

It was difficult at first to see how workpeople were to be got, as so much work was going on in Mombasa, and at Railway Point and Frere Town. However, a failure in crops sent a number of wild people here just at the right time, and the wild folk soon learn, and work well.

I cannot be sure that no one asked for money to build with, but at any rate I did not do so, and yet we have never been in debt, nor has the work stood still for lack of funds.

Thus life, health, land, workpeople, money, and I may add intelligence to build (for I had done very little in stone and mortar before), have all been provided, for it is obvious none of these gifts could originate from oneself.

There are at present fifty beds, thirty-five of which are occupied. This contrasts with the two broken down bedsteads without any mat or covering, that the eighteen or twenty patients used to either covet, or fight shy of, according to their habits, in the old hospital four years ago.

The Medical and Surgical Work has not had many striking features, and the few successful cataract and other operations some three years back, have not done much to enlarge our practice in that direction. Some are very shy of the knife, such as a Mkamba woman here now, with cancer of the breast, or a Hindu woman who refused chloroform yesterday. One old Giryama chief who was getting blind, whom we sent to talk with a formerly blind old servant of Dr. Krapf, whom we had caused to see, said after the interview, "I will talk it over with my people, and come back in a month"; he has never come. Sometimes old patients met with, and asked if they are better without the old arm, say, "Oh, don't talk about the old times!" Would that they had the same experience with regard to their spiritual state!

Three old patients have been baptized from the hospital: one a Mteita woman, who died; another, a Mchaga, "Stara," who was a slave in Mombasa, thrown out as dying, and now a jolly-looking wife, too good for her husband. I have known nothing against this girl during the four years she was with us, but when we first brought her in, she had to have a hut to herself, as the other patients cried out when she was near them. The third is our boy, Mumbo, son of a Rabai chief slain by Masai: this lad was one of our first patients at Rabai, and has been my dear, faithful boy for nearly five years. It seems that when he first found himself getting better, he said he would give himself to God if he was cured. He has been rather better than his word, for at any time, a journey, or lack of food, will cause his sores

to return. Still he is as merry as a cricket, and I have never known him to lie or steal, still less sin more grossly.

Buni, another notable patient, who has been with us four years, is wishing to be baptized. Though a raw lad from the hills, he has been the sole overseer of the work, taking orders and seeing them carried out. He began learning his alphabet a long time ago, when there was a spare moment in the work, and I drew the letters for him in the dust on the ground, and since we came here to live, my wife has taught him and other boys systematically to read. He is fearless, and has gone flying more than once after a cocoanut-thief, and what with his impetus and noise, aided, let us hope, by the conscience of the thief, has captured the booty, though quite unable himself to hold the thief; he has movement in very few out of the numerous joints of his arms and hands.

We have a girl here now who will enable me to illustrate one of our difficulties, viz., that of lazy people making the hospital a resort for comparatively small troubles. She is a slave, and has an ulcerated face. She got quite well, as far as scar tissue can replace healthy skin, and we sent her back to her master, who, instead of keeping her at his town house, where the wife is sharp to the girl, sent her to his shamba near where Dr. James Ainsworth lives, so that he could see to her now and then. Well, after a month or two, the girl came back to us, and on inquiry we find she was sent from the shamba with fowls to the town house, and instead of going back, ran off to us, and told a tale about getting no food. So I supposed she had been lazy, and sent her to get her master's leave to return here, as her face was beginning to get bad again. She obtained leave, and the master came later, and confirmed our idea about laziness. I told him I could not have the girl here doing nothing, simply because she had sores on her face, and as he could not get her to work, we would, and he had better consider whether he would part with her for a few dollars. So now she does most of our millet-pounding, and also makes roofing of the palm-leaves. It is a bad plan to redeem slaves as a general rule, as others will be got to fill their place, notwithstanding laws and regulations; but a useless, half-sick slave-girl has a bad time, and it is better to redeem her before she gets to the stage of being thrown out, and nearly dying like Stara.

I think we are justified in keeping such persons as this girl Faida and Buni, who though doing good work, would break down directly the regular food and care ceased. They can earn their living with us, but scarcely away from us, and the steady work prevents the degeneration Mission people are apt to fall into.

Since we have had suitable accommodation there have been several better-class people at the hospital, amongst others the faithful Tamil cook of a party of new German Missionaries, who had the suggestive name, "Servant of Christ," given, I fancy, by the Roman Catholics, who had brought him up in the first instance. This man certainly would have died at our old place.

A word should be said about those of the workpeople who have kept to us all through, and are still doing odd jobs about the place. They



have come from various districts round, devoid of any teaching. About half attend our Sunday morning service and daily prayer, and the hymn-singing on Sunday evening. No pressure whatever is put on them to attend any service. One who was specially faithful to the work at Jilore is being prepared for baptism, with a young slave whose master died, and who followed me down (having ulcers) from Melindi one trip.

One regrets that so very little seemed possible to be done for the workpeople while the work was in progress. Sometimes there were seventy to ninety entirely wild people, who came and went and sent friends, and lived in tiny makeshift huts; but one felt obliged to spend one's strength on the one thing one was capable of, and not to attempt too much and risk all.

As you know the twenty acres of shamba given us was almost jungle when we came here three years ago. *Now* the palms have a good chance, as all the bushes and thorns are rooted out, and should yield sufficient to pay for clearing off weeds and grass twice a year from the whole part they occupy. There will be a small balance against the cocoanuts this year, as we have done more work than could ever need to be done again if the place is tended, and the trees have yet to feel the benefit of the attention.

I mention these facts about the shamba as I am sure it is impossible to neglect these lesser duties, and allow ruin and waste on all sides, without suffering loss in the moral and spiritual work the Society looks for. The seriousness of our work is judged by the people in the first instance by what they *can* see and understand.

The part of the shamba that is bare of palms is being cleared and brought under cultivation by two lads who were not wanted at Kisauni (Frere Town), under charge of a very steady little man who has been years with us. We attempt only to give these lads a chance of learning to work and support themselves. They have only been here a month, and have a little stone house (originally built for the donkey, by-the-bye), and they attend class and services with the others. They have Hospital food, for which, of course, the account is credited, and Re. 1 a month, and what extra they can get the chance of by doing odd jobs, such as rowing of an evening.

The staff of the Hospital remains much the same. James Ainsworth is everything one could desire: he conducts our Sunday service, except on the few occasions Mr. Hooper, Mr. Burt, Mr. Taylor, or Mr. Burness have done so.

Charles Semler is a good lad, but would be better if he thought more of his work and less of his clothes. He is intelligent, and needs more training than he gets. I hardly know what to take as a basis for study. Gilbert can hardly expect to be a doctor, but he is a good dresser, and obedient in his work, and is not afraid of rough work, as is Charles.

Rose Bai has been our matron and cook the whole time here, and at Kisauni (Frere Town). The people get a good deal of teaching from my wife, who almost daily has hymn-singing with them round their

fires, and teaches them texts and a simple catechism. Miss Furley comes over and gives them an address every Thursday afternoon, and Mr. Burt hold a class on Tuesdays for the lads, and other friends are good enough occasionally to say a few words. Many patients come from afar, and only understand a word or two. The Kigiryama hymns are special favourites with the sick folks, some of them being a repetition of a few words with a simple chorus, which can be easily caught up and joined in, and the words are understood by our numerous patients, both of the Wanyika and Wagiryama tribes.

It is right to mention that while I was away at Jilore, the work here went on as usual, showing that Natives can be entrusted with responsibility when carefully led up to it.

To turn to one's duties towards the Europeans, these have been very light during the last two or three years, and a contrast to my first year, when nearly every one had a turn or two of fever during the year.

This year there has been a little "dengue" about. Among my patients the Banyans have suffered most, owing, I think, to the difficulty of nourishing them, as milk is the most one can get them to take in the way of animal food, and some will not touch it in the condensed or usual form to be obtained out here. This and many other facts point to the conclusion one has long since arrived at, that the best-nourished people do best out here. It is curious one should have to mention such an obvious fact, but one has seen statements about the eating of too much meat in Africa. The difficulty here is to get enough, and then to eat it! In this small part of Africa, those I have known who have subsisted entirely on meat, and that chiefly rhinoceros-flesh, for months, had no trouble but constipation.

The facts of fever-getting here are that people have either themselves to thank for it, or, in a few instances, are exposed to it by exceptional circumstances beyond their control.

---

## KASHMIR MEDICAL MISSION.

LETTER FROM DR. NEVE.

A FEW lines from Kashmir may be acceptable in anticipation of our report, which is likely to be delayed in the press. Our communications with the civilised world have been very much cut off during the winter, which has been unusually long and severe. Snow has been on the ground for eight weeks, and the post runners had difficulty in traversing the 150 miles of hill road which links us to India. Under such circumstances patients are few. In the wards, we have had an average of about twenty, a very miscellaneous collection: a Yarkundi from Central Asia, a Pathan from Kabul, two or three hillmen from mountain tribes to the West, a few Sikhs, and the rest Mohammedan or Hindu Kashmiris. One would, indeed, need



to be polyglot to talk to all these in their own dialects. But fortunately most of the foreigners understand a little Urdu or Persian.

In teaching these people I now have the help of two of the medical assistants; so though short handed we give addresses in the larger wards two or three times a week; but some patients have rooms to themselves, and then one's teaching depends much on their attitude. If they are bigoted or very reserved all efforts to draw them into conversation fail. There is one man who professes interest and asks to be taught; so one of the Christian assistants now goes to talk with him. In other wards there are several patients who listen with apparent interest; their superstitions seem to sit light on them in the hospital, but when they return to their villages, old habits and the authority of the priests and of tradition are too strong for them. For this reason we do not cut off all their charms or take possession of them. They would be obliged to buy another set on returning home, and this would put money into the pockets of the charm writers and sellers.

One poor fellow with a broken leg, which was painful and of which the bandages seemed to get loose every night, asserted that a "jin" or evil spirit came at night and shook his leg, and even carried it away to the village during the night and brought it back in the morning. I assured him we did not allow evil spirits to molest any of our patients, and we put on a night attendant to take care of the leg.

Argument seldom avails much against prejudice. I remember on one occasion meeting a father carrying a sick child to a famous shrine. I stopped him and suggested that it would be better at any rate first to come to my tent for some medicine. His friends and other Kashmiris collecting round all urged this on him. One suggested that the saint had sent me to help him, another that it was clearly the will of Providence that he should first go to the sahib for medicine, and that he could then go on to the shrine, and so the pros and cons were discussed in the most amusing manner, and the man seemed quite convinced, but he *never came* for the medicine.

No doubt to the simple minds of these people all natural phenomena are so easily explained by the favour or displeasure of their local saints. If in one place the harvest is extra good, St. Grace-of-the-Faith is to be thanked. In another a village escapes the small-pox which has ravaged other parts; how pious and devoted must have been the prayers of their village priest. Or there is some calamity, and the guardian of the local shrine points out how ruinous it is and how neglected. As I have said before, such beliefs as these are the citadel of the superstitions we attack.

Omens and signs have always exercised much power over semi-civilised peoples. We remember how a flash of lightning killed one or two people in a procession when St. Anskar the Apostle of the North first visited Denmark, and that all the people at once turned against the new comers and said that Thor was wrathful with them. Thor was a very real person to them and to generations after them, and so are the old local saints to these Kashmiris. I have been met with the most downright contradiction when saying that they worshipped the dead, whose bodies were already mouldering under the shrines. "No,"

said they, "their bodies never decay, and they are great intercessors with us for Allah who is so unapproachable." One is struck by the resemblance to Old Testament forms of thought in these people, even, indeed, among the Christians.

It will be seen at once that just as much as the confidence of the people in European medicine and in the Medical Missionaries increases, so must their faith in the cure by charms and offerings to the local shrine wane. So that apart from our direct Missionary teaching the medical work is an antidote to their superstition. And we remember that the converse is true; among primitive Christians, unless Missionaries give them medicine, there is great danger of their falling back in times of sickness and invoking the old charms and incantations.

Apart from the preaching, too, the example of painstaking service that we can show these people in hospital must witness louder than words. I always think of this as I see our lady nurses cleaning the patients, dressing their wounds, or making their beds. It impresses the poor patients more than any amount of work done by native paid subordinates, and I look forward to the time when the ladies will be able to teach those in the wards under their charge.

February, 1894.

---

## EXTRACTS FROM ANNUAL LETTERS.

**T**HOUGH we apply the term "Medical Mission" only to those Missions definitely in charge of a qualified medical man, yet we think our readers will like to see the following extracts from letters of non-Medical Missionaries, testifying to the great value of the healing art in breaking down the prejudices and bigotry of the Heathen:—

From the Rev. S. S. FARROW, of Abeokuta, Yoruba Mission:—

"*Medical Work.*—This branch of work would, were it allowed to do so, take up the whole of one's time. The number of patients coming to us was continually increasing up to the time of our departure from the station. This made it additionally hard for us to leave, and had I not known that my state of health made it absolutely necessary, I should have hesitated to do so. We were greatly rejoiced when our dispensary was at last finished and opened in July last, for up to that time we had had to receive patients in an old stable and the piazza of our house. The building is of mud with a thatched roof. It comprises a large waiting-room, which accommodates about fifty patients, and a small inner room, which serves as consulting-room for special cases, and where medicines are kept and dispensed. The dispensary is opened three afternoons a week for ordinary cases, though 'accidents and urgent cases are seen at all hours.' We commence our work at



one o'clock with a short portion of Scripture chosen so that its subject-matter shall form the basis of a Gospel address. This is followed by a prayer, and then each patient is attended to. The attendance each day is from forty-five to fifty.

"Mr. D. O. Williams, whom I mentioned in my last letter, has continued to give me much help in this work, and has himself become so far proficient that he is, with Mr. Wood's consent, continuing a good part of the work during my absence. Of course he confines his attention strictly to the most simple cases.

"There have been a number of interesting cases (some sadly so), and God has blessed our work. I will only mention one case, perhaps the most interesting of all. In March of last year I was asked to see a young man in a distant quarter of the town. I found him with a terribly diseased foot, and heard that it had been so for three years. He was unable to even put it to the ground. I had him brought to our house and received as an in-patient. After about six months he was able to stand, and three months later used to walk about the Mission compound and go to the Sunday School and also to Church with only the aid of a stick. When he came to us he was a Heathen, but after a short time became exceedingly anxious to become a Christian. He listened earnestly to the story of Jesus, and was very eager to learn, and is now, I feel sure, truly one of the Lord's children. He was wonderfully patient during his sufferings, and very thankful for every blessing. It was very touching, when at last he was able to stand and walk about, to hear him continually saying, 'Mo dupe pupo-pupo lodo Oluwa,' i.e., 'I thank the Lord very, very much.' All his relations are most bigoted Heathen."

From Miss A. A. M. BEDELLS, of Gaza, Palestine:—

"I came down to Gaza on January 11th, and found the Medical Mission closed, so my work for the first three months consisted merely of learning the language—no mean task! Often one is tempted to wish for a renewal of the 'gift of tongues.' Nevertheless God has graciously helped us; and no doubt, were we able to speak when we first come out, our ignorance of the Eastern mind and mode of thought would cause us to commit many blunders, whereas now we learn the people while we acquire their language.

"In answer to many prayers our need was supplied, and at the end of April we had the great joy of welcoming the Rev. Dr. Sterling. He immediately re-opened the Medical Mission. Patients flocked (and continue to do so) in large numbers to the dispensary, so that often over one hundred cases are treated in one morning, and we have had as many as a hundred and fifty.

"At 8 a.m. a short service is held in the large waiting-room, conducted by the schoolmaster. It consists of the reading of a portion of God's Word, followed by an address and prayer. It is indeed a cheering sight to see so many earnestly and eagerly listening to the Gospel message, and we believe and expect that in due time the seed thus sown will yield an abundant harvest to the praise and honour and glory of our God.

“Service over, we adjourn to the doctor’s room and dispensary, and a busy scene ensues. One by one the patients are admitted to see the doctor, who, after examining and prescribing for them, passes on those needing dressing to Miss Patching or myself. Many of the people come long distances, and all much appreciate the kindness and benefit they receive, often showing their gratitude practically by bringing us fruit, eggs, pigeons, and sometimes a little lamb.

“We had the Hospital full of in-patients from April to July, but since then only an occasional surgical case, or a sick stranger have been admitted, in order that we may have more time for the study of Arabic. Among the in-patients there are innumerable opportunities for quiet talks, if only we could speak the language. They had prayers and a short address morning and evening, to which they were most attentive, and particularly enjoyed the singing of Arabic hymns on Sunday evenings. One Mohammedan, educated in the mosque at Cairo, was very fond of reading aloud the New Testament to the other patients.

“There is no doubt but that Medical Missions are the most effectual way of bringing Moslems under the influence of the Gospel.”

From the Rev. H. H. DOBINSON, of Onitsha, Niger Mission:—

“*Medical Work.*—In 1890, Mr. Bennett and I began a small medical work, treating almost all alike with carbolic acid and palm oil *outwardly* or with salts *inwardly*. Progress is very marked in this department, and now really scientific medical aid is given and surgical cases undertaken by Nurse Taylor in her humble mud Hospital, aided by Thomas David Angaegbunam, who promises well as a doctor. We are supplied with dressing and drugs by the friends of the Onitsha work. Miss Lucy Dobinson, of Stanwix, Carlisle, is the secretary of the ‘Onitsha Medicine Fund,’ from which most of our medicine is provided. Many grateful people here testify to the benefit of this work, though they have yet to know how large a part of real Gospel work it forms.”

From the Rev. J. REDMAN, of Hydrabad, Sindh:—

“A very interesting itineration by boat down the Fuleli Canal took place in July and August. The party consisted of the Rev. J. and Mrs. Redman, the Rev. A. E. Ball, Munshi Amiruddin, and Colporteur Prabhudas. We had a magic lantern with us, which was a great attraction, and night after night some hundreds gathered at the villages through which we passed to see the wonderful sight, and we had thus an unusually good opportunity of preaching the Gospel to the country folk. Mrs. Redman’s medicine chest was of great service; the poor people crowded to the banks of the Canal as we passed along begging for medicine, and many were prescribed for. As we were two missionaries besides the catechist, we were able to work far more satisfactorily, and experienced the benefit of the support one can give another. This itineration made us feel how important it was that our Sindh force should be sufficiently strong to admit of such work being



frequently engaged in. The Gospel is known in the *larger* towns, it is time we went out more into the *smaller* towns and villages with our message. But this is impossible to any great extent with our present staff."

From the Rev. E. P. WHEATLEY, of Shaou-hing, Mid-China:—

"The medical work under the care of one of Dr. Main's trained medical evangelists is going on well. We have had several in-patients from time to time, all of whom were daily instructed in the Gospel. Several went to distant homes professing belief, but as yet we have had no baptisms."

From the Rev. T. F. WOLTERS, of Jaffa, Palestine:—

"There are two agencies, which the experience of the past year or two shows to be the only available ones just now, for evangelizing the Mohammedans, viz., Medical Missions and visiting in houses, especially by ladies. Every important Moslem centre in Palestine ought to have its Medical Mission. Nothing breaks down the barriers of intolerance and prejudice more than this. So, though in less degree, with female work. Only it must be female work. Our ladies must not aspire to be preachers, or holders of meetings. They must not seek to apply English methods of work to Eastern people. Much harm has been done already, and more will follow, if our ladies do not confine themselves to visiting women in their houses, and seek to gain their confidence by sympathy and interest in their welfare. Opportunities will never be wanting of bearing testimony to the love of the Saviour. Eastern people have their deeply-rooted prejudices, the result of a totally different style of life from that which obtains in Europe, and we cannot ignore these prejudices, or ride over them rough-shod, without seriously compromising the success of the Gospel."

From the Rev. H. S. PHILLIPS, of Kien-Yang, South China:—

"As no qualified practitioner is available, I have had to do a good deal of doctoring, and more owing to the providential way in which we have met simple but really dangerous cases than to any skill of mine we have had a good deal of success, and our position in the place has been much helped."

From the Rev. M. H. COOKSLEY, Native Missionary at Mengnanapuram, Tinnevely District of South India:—

"*Medical Work.*—The dispensary work is conducted every day from 8 to 10.30 a.m., and from 4 to 5.30 p.m. I commence the work with prayer, speak to all the patients, irrespective of caste and creed, as they come to me to get their prescriptions, and give hand-bills (when available) to those who are able to read. Hindus, Mohammedans, and Christians, who look upon each other with sectarian spirit and caste feelings elsewhere, meet together here under one roof and receive medical help without distinction.

"The annual Government grant of Rs. 200 is continued as usual. The total number of out-door patients is 5,705, and according to the

monthly return of sick I sent to the District Surgeon, they are classified thus:—General diseases, 750; local diseases, 4,207; conditions, 57; prisons, 63; injuries, 416; and surgical operations, 212; the average number of daily sick being 35·08. The following is the classification according to the caste:—Europeans, 4; Mohammedans, 190; Hindus, 875; Christians, 4,636.

“I am thankful to say that the year has been, for the most part, a healthy one, but fevers, ulcers, skin affections, bowel complaints, and affections of the eye were as common as in any of the previous years.

“*Sanitary Inspections.*—Along with the dispensary work I inspect often the Station and the Mission premises where the boarding-school boys and girls live; and at an outbreak of an epidemic in the neighbouring villages, I had to inspect all the villages within the radius of four miles.

“*Visiting Patients in their Houses.*—I visit the patients of the station and those of the neighbouring villages when I am requested, and when they are unable to attend the dispensary. Some months ago I had to attend a wealthy and influential Hindu, a Vellala by caste, who was ill of acute rheumatism. On entering the house I saw the marks of their religion upon the patient; charms written on pieces of palmyra leaves were tied to the wrist and neck, and the man was almost covered with sacred ashes. After finding that no relief had been obtained by native medicines, they applied for English treatment. I am happy to say that the man was much better in a week's time, and that he is now quite free from the complaint, and is attending his work. I have given four Scripture portions to his children, asking them to read with an unprejudiced mind. They promised to do so, and I pray to God to pour down His Holy Spirit into their hearts, so that the seeds thus sown may grow and bring forth fruit unto repentance.”

---



# STATISTICS OF C.M.S. MEDICAL MISSIONS for 1892.

|                                                                                | No. | Founded. | Medical Missionary.                                                                                      | No. of Beds. | No. of In-Patients. | No. of Out-Patients. | Visits to Homes. | Operations. |                                                                   |
|--------------------------------------------------------------------------------|-----|----------|----------------------------------------------------------------------------------------------------------|--------------|---------------------|----------------------|------------------|-------------|-------------------------------------------------------------------|
| NIGER.                                                                         |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Lokoja ... ..                                                                  | 1   | 1890     | In abeyance.                                                                                             |              |                     |                      |                  |             |                                                                   |
| E. E. AFRICA.                                                                  |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Mombasa ... ..                                                                 | 2   | 1887     | C. S. EDWARDS, 1888 ...<br>M.R.C.S., L.R.C.P.                                                            | 50           | 207                 | 17000                | *                |             | * "Numerous."                                                     |
| Chagga ... ..                                                                  | 3   |          | E. J. BAXTER, 1877 ...<br>L.R.C.S., L.R.C.P., Edin.                                                      |              |                     |                      |                  |             | At Home.                                                          |
| Uganda ... ..                                                                  | 4   | 1891     |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| EGYPT.                                                                         |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Cairo ... ..                                                                   | 5   | 1889     | F. J. HARPUR, 1885 ...<br>B.A., M.B., B.Ch., T.C.D.                                                      | 8            | 46                  | 24570                | 83               | 523         |                                                                   |
| PALESTINE.                                                                     |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Gaza ... ..                                                                    | 6   | 1882     | Rev. R. STERLING, 1893 ...<br>B.A., M.B., B.S., Dur.                                                     | 10           | 71                  | 3832                 |                  | 147         | Hospital re-opened, April, 1893. These numbers for 3 months only. |
| Nablus ... ..                                                                  | 7   | 1891     | Dr. GASKOIN WRIGHT, 1891,<br>M.R.C.S., L.R.C.P.                                                          | 8            |                     | 10113                | 865              | 304         | Temporary Hospital just opened.                                   |
| PERSIA.                                                                        |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Baghdad ... ..                                                                 | 8   | 1886     | H. M. SUTTON, 1886 ...<br>L.R.C.P., M.R.C.S.                                                             | 2            | 30                  | 4622                 | 187              | 300         |                                                                   |
| Julfa ... ..                                                                   |     | 1879     | D. CARR, 1893 ...<br>M.B., B.Ch., Camb                                                                   | 2            | 23                  | 11204                |                  |             | Just appointed.                                                   |
| PUNJAB.                                                                        |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Amritsar ... ..                                                                | 10  | 1881     | H. M. CLARK, 1881 ...<br>M.D., C.M., Edin.<br>A. LANKESTER, 1891.<br>M.B., Lond.                         | 18           | 229                 | 62244                |                  | 1433        |                                                                   |
| Dera Ghazi Khan...                                                             | 11  | 1878     | A. JUKES, 1878 ...<br>M.R.C.S., L.R.C.P.<br>J. O. SUMMERHAYES, 1893.<br>M.R.C.S., L.R.C.P.               | 36           | 113                 | 42906                |                  | 520         | In-Patient Hospital not finished.                                 |
| Bannu ... ..                                                                   | 12  | 1892     | T. PENNELL, 1892 ...<br>M.D., B.Sc., Lond.,<br>F.R.C.S., Eng.<br>W. F. ADAMS, 1893<br>M.R.C.S., L.R.C.P. |              |                     | 613                  | 56               | 19          |                                                                   |
| Kashmir ... ..                                                                 | 13  | 1864     | A. NEVE, 1881 ...<br>F.R.C.S., Edin.<br>E. NEVE, 1886.<br>M.D., F.R.C.S., Edin.                          | 70           | 619                 | 22080                | 1200             | 2198        |                                                                   |
| Quetta ... ..                                                                  | 14  | 1885     | S. W. SUTTON, 1885 ...<br>M.D., Lond.<br>M. EUSTACE, 1889.<br>M.D., Dub.                                 | 28           | 137                 | 8081                 |                  | 131         |                                                                   |
| S. CHINA.                                                                      |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Itinerant Mission ...                                                          | 15  | 1890     | W. W. COLBORNE, 1890<br>M.D., Lond.                                                                      |              |                     | 8000                 |                  |             |                                                                   |
| Pakhoi ... ..                                                                  | 16  | 1886     | E. G. HORDER, 1883 ...<br>L.R.C.P., Edin.                                                                | 40           | 258                 | 7514                 | 86               | 2650        |                                                                   |
| Fuh-Ning ... ..                                                                | 17  | 1878     | B. VAN S. TAYLOR, 1878<br>M.B., C.M., Edin.                                                              | 58           | 607                 | 7029                 |                  |             |                                                                   |
| Fuh-Chow ... ..                                                                | 18  |          | W. P. MEARS, 1890 ...<br>M.A., M.D., Dur.<br>Mrs. W. P. MEARS, 1890.<br>L.K.Q.C.P.I.                     |              |                     |                      |                  |             |                                                                   |
| Nang-Wa ... ..                                                                 | 19  | 1889     | J. RIGG, 1878 ...<br>M.B., C.M., Edin.                                                                   | 46           | 332                 | 8352                 | 61               | 287         |                                                                   |
| MID-CHINA.                                                                     |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Ningpo ... ..                                                                  | 20  | 1888     | R. SMYTH, 1893 ...<br>M.B., B.Ch., Dub.                                                                  | 35           | 233                 | 5376                 |                  | 115         | Figures for 1891.                                                 |
| Hang-Chow...                                                                   | 21  | 1871     | D. DUNCAN MAIN, 1881<br>M.B., Edin.                                                                      | 106          | 642                 | 35801                | 782              | 1057        |                                                                   |
| Tai-Chow ... ..                                                                | 22  | 1893     | H. HICKIN, 1887 ...<br>M.B., C.M., Glas.                                                                 |              |                     | 861                  |                  |             | In first 3 months.                                                |
| NORTH PACIFIC.                                                                 |     |          |                                                                                                          |              |                     |                      |                  |             |                                                                   |
| Metlakahtla...                                                                 | 23  | 1889     | VERNON ARDAGH, 1887 ...<br>L.R.C.P., L.R.C.S., Edin.                                                     | 10           | 25                  | 1880                 |                  |             |                                                                   |
|                                                                                |     |          |                                                                                                          | 527          | 3572                | 282078               | 3320             | 9684        |                                                                   |
| There are also two Medical Missions in charge of Native Doctors, viz.:—Tank... |     |          |                                                                                                          | 10           | 375                 | 13029                | 345              | 2626        |                                                                   |
| Salt ... .. Dr. SALEEBY ... ..                                                 |     |          |                                                                                                          |              |                     | 7369                 | 1793             | 21          |                                                                   |

## PROPER FORMS OF A BENEFACTION BY WILL.

### No. I.—*Form of a Bequest of a Common Legacy.*

I give and bequeath to the Treasurer for the time being of the Church Missionary Society for Africa and the East the sum of \_\_\_\_\_ Pounds *free of Legacy duty*\* for the Medical Mission Fund of the said Society such sum and the duty thereon to be paid within \_\_\_\_\_ calendar months next after my death. And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Legacy.

### No. II.—*Form of Bequest of the Residue, or a Share of the Residue.*

I give and bequeath unto the Treasurer for the time being of the Church Missionary Society for Africa and the East for the Medical Mission Fund of the said Society *my Residuary Real and Personal Estate* [or if a share only of the Residue is intended to be given, then, instead of the words in Italics, say "such sum of money as shall be equal to one-fourth or one half (according to the intention) of my whole Residuary Real and Personal Estate."] And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Residue [or sum of money as the case may be]. And as to the remainder (if any) of my general Residuary Estate I bequeath the same, &c.

N.B.—If the Testator desires to preclude the liability to increased legacy duty which attaches by law to legacies payable wholly or partially out of real estate, the following forms should be used instead of the foregoing:—

### No. IA.—*Form of a Bequest of a Common Legacy.*

I give and bequeath to the Treasurer for the time being of the Church Missionary Society for Africa and the East the sum of \_\_\_\_\_ Pounds *free of Legacy duty*\* for the Medical Mission Fund of the Society such sum and the duty thereon to be paid within \_\_\_\_\_ calendar months next after my death out of my Residuary Personal Estate and (if and so far only as the same may be deficient) out of my Residuary Real Estate (so as between such Real and Personal Estate to be payable primarily out of such Personal Estate and for that purpose my debts and funeral and testamentary expenses shall if and so far as necessary be paid out of such real Estate). And I declare that the receipt of the Treasurer for the time being of the said Society [or each of the said Societies] shall be an effectual discharge for the said legacy [or legacies respectively].

### No. IIB.—*Form of Bequest of the Residue or a Share of the Residue.*

And subject as aforesaid I give and bequeath unto the Treasurer for the time being of the Church Missionary Society for Africa and the East for the Medical Mission Fund of the said Society *my Residuary Real and Personal Estate* [or if a share only of the Residue be intended to be given, then, instead of the words in Italics, say "such sum of money as shall be equal to one-fourth or one-half (according to the intention) of my whole Residuary Real and Personal Estate to be paid out of my Residuary Personal Estate] and (if and so far only as the same may be deficient) out of my Residuary Real Estate (so as between such Real and Personal Estate to be payable primarily out of such Personal Estate and for that purpose my debts and funeral and testamentary expenses shall if and so far as necessary be paid out of such real Estate)." And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Residue [or sum of money as the case may be].

\* If so intended.



# Church Missionary Society.

---

## Medical Mission Quarterly.

No. VII. JULY, 1894.

---

“Jesus went about all Galilee, **teaching** . . . and **preaching** . . . and **healing** all manner of sickness and all manner of disease. And His fame went throughout all Syria, and they brought unto Him all sick people that were taken with divers diseases, . . . and **He healed them.** And there followed Him great multitudes of people . . . And seeing the multitudes He went up into a mountain . . . and taught them.”—*Matt. iv. 23, 24, 25, and v. 1 and 2.*

---

*All communications should be addressed*

THE SECRETARY, MEDICAL MISSION FUND,

C.M.S., Salisbury Square.

---

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

## Medical Mission Committee.

T. E. BURTON BROWN, Esq., M.D.,  
C.I.E.

ALBERT CARLESS, Esq., M.B., M.S.,  
F.R.C.S.

THOMAS CHAPLIN, Esq., M.D.

EDMUND DOWNES, Esq., M.D.

C. F. HARFORD-BATTERSBY, Esq.,  
M.D.

W. J. VAN SOMEREN, Esq., M.D.

F. P. WEAVER, Esq., M.D.,  
M.R.C.P.

MAJ.-GEN. HUTCHINSON, C.B., C.S.  
GENERAL LAWDER.

HENRY MORRIS, Esq.

REV. H. C. SQUIRES.

F. PETERSON WARD, Esq.

HERBERT LANKESTER, Esq., M.D.,  
*Secretary.*

Subscriptions and Donations, either towards the General Medical Mission Fund or towards the expenses of any special Hospital, may be sent to the Secretary of the Medical Mission Fund. Cheques and Postal Orders should be made payable to the Lay Secretary, GENERAL C. COLLINGWOOD.

Money sent to support Cots will be immediately forwarded in accordance with the wishes of the donors.

## CONTENTS.

|                                                                                             | PAGE |
|---------------------------------------------------------------------------------------------|------|
| EDITORIAL NOTES .. .. .                                                                     | 3    |
| BRIEF REVIEW OF THE C.M.S. MEDICAL MISSIONS. Read at Exeter<br>Hall, May 18th, 1894 .. .. . | 5    |
| ADDRESS BY THE REV. ROBERT ELLIOTT, L.R.C.S.I. At Exeter Hall,<br>May 18th, 1894 .. .. .    | 6    |
| AMRITSAR MEDICAL MISSION. Letter from DR. HENRY MARTYN CLARK                                | 10   |
| THE BANNU MEDICAL MISSION. Letter from DR. T. L. PENNELL ..                                 | 12   |
| FUH-NING WOMEN'S HOSPITAL. Letter from MRS. VAN SOMEREN<br>TAYLOR .. .. .                   | 13   |
| ITINERANT MEDICAL MISSION, KWAN-TUNG. Letter from DR. W. W.<br>COLBORNE .. .. .             | 17   |
| HANG-CHOW MEDICAL MISSION. Letter from Dr. D. D. MAIN ..                                    | 19   |
| STATISTICS OF C.M.S. MEDICAL MISSIONS FOR 1893 .. .. .                                      | 23   |
| PROPER FORMS OF A BENEFACTION BY WILL .. .. .                                               | 24   |



## EDITORIAL NOTES.

---

**PUBLIC MEETING.**—The first public meeting of the supporters of the fund was held in the Lower Exeter Hall on Friday, May 18th. The Rev. F. E. Wigram was in the chair. A brief review of the Society's Medical Mission work was read by the Secretary, Dr. Herbert Lankester, and very interesting addresses were delivered by the Rev. Dr. Elliott, late C.M.S. Medical Missionary at Gaza ; by Dr. Eustace, of Quetta ; and Dr. E. Neve, who had arrived from his work in Kashmir only two days before. We print Dr. Elliott's address further on, but we are obliged to hold over the other two until next quarter. It was generally acknowledged that the meeting was a great success, and many re-echoed Dr. Elliott's hope that before long the Lower Hall would be crowded out and we should have to move upstairs.

---

**The Anglican Conference.**—There were many meetings at the Conference dealing with all phases of Missionary enterprise, but it is doubtful whether at any other meeting there was more interest shown than at that set apart to consider the place and value of Medical Missions. An episcopal M.D. was in the chair, the Bishop of Bloemfontein, and two others were present and spoke, viz., the Bishops of Rangoon and Lebombo. Every speaker agreed as to the value of medical work in the Mission Field, and several referred to the obstacle to the extension of this form of mission work, viz., the lack of qualified medical men. The Rev. W. O. B. Allen referred to the fact that the S.P.C.K. will help in the education of medical men, but unfortunately that Society will not help to educate men who propose to go out as laymen. We think that it is pretty generally conceded now that a Medical Missionary has more influence in his special work as a layman than if he were ordained, and we hope that the S.P.C.K. will soon be enabled to withdraw this restriction. The C.M.S. have frequently been asked to help in the medical education of men suitable to go out as Medical Missionaries, but the Society has at present no fund which it can use for this purpose.

---

**New Medical Missionaries.**—Dr. Donald Carr went out to Julfa in April, and in the autumn three other Medical Mission-

aries will be proceeding to the Mission Field. Dr. Kember, a son of Rev. T. Kember, C.M.S. Missionary in Palamcotta, goes to help Dr. Duncan Main at Hang-Chow; Dr. Hill goes to Pakhoi to help Dr. Horder in his work there; and Dr. Cropper goes to Palestine, probably to open a new Medical Mission station in the north. Only three, and we want ten or twelve. Dr. Edwards' work at Mombasa is in the hands of a native assistant; no one is in Africa to carry on the medical work in Uganda, in Chagga, or on the Niger. One or two more are wanted in Palestine, and in China no one is at Kien-Ning-Fu to carry on Dr. Rigg's work, and we are only waiting for men to open other Missions in that huge country.

---

**Financial.**—The accounts had not been made up when we went to press with the last number of the *QUARTERLY*. By reference to the Annual Report of the Society (which will soon be issued), it will be seen that there is a considerable balance in hand at the present moment, but as a matter of fact grants have been sanctioned which will more than swallow this up, and in the autumn we shall have the heavy drug bills for 1895. The Committee are very anxious to relieve the General Fund altogether from the extra cost of the Medical Missions of the Society, and they confidently look to their friends and supporters for help in one form or other—by personal gifts, by collecting from others, by arranging meetings especially in places where but little is being done at present for the C.M.S. Several branches sent in handsome contributions during the year—St. Mark's, Brighton, heads the list with £133, Eastbourne follows with £100, St. Paul's, Onslow Square, with £81, and Bristol with £70. St. Thomas's Hospital Medical Missionary Association sends £22, and the branch at Southampton, £17.

---

**Juvenile Fund.**—We have decided to print the "Children's Page" in the form of a little booklet, which can be had separately for distribution among children. Several cots are being supported by children. What was the "Diamond Society" is still going to support a cot at Amritsar; and a branch at St. Mary Abbot's, Kensington, is to support a cot at the Leper Hospital, Pakhoi. In many parishes the children cannot support a cot themselves, but can help in the work by forming a branch association of the Juvenile Fund. All communications should be made to Miss Ware, 13, Stafford Terrace, W.



## BRIEF REVIEW OF THE C.M.S. MEDICAL MISSIONS.

READ AT EXETER HALL, MAY 18TH, 1894.

IT is now forty-five years ago since William Welton, a surgeon of Woodbridge, in Suffolk, went out as an ordained Missionary of the C.M.S. to open the Society's Mission at Fuh-Chow. He soon found that his twelve years of medical experience had given him a power that would be of the greatest use in his work of evangelising the Heathen. He opened a dispensary and became the first Medical Missionary of the Society. There were two other clergymen who were also medically qualified, the Rev. W. H. Collins, who went to Peking in 1857, and the Rev. W. T. Storrs, of the Santal Mission.

Before 1870, however, there were only two unordained Medical Missionaries of the Society: Dr. Henderson, who went to the Yoruba country in 1861 and died there three years later, and Dr. Elmslie, who by his medical work was able to gain an entrance into Kashmir.

At the present time we have twenty-six male Medical Missionaries on our list, one of whom is also ordained, and one lady, Mrs. Mears. These have all British qualifications, some of them of the very highest order. Besides these we have Medical Missions at Tank in the Punjab, and at Salt in Palestine, which are in charge of men with native qualifications.

For some time the Society rather looked askance at Medical Missions, but now it fully recognises that they are a great power in many different ways, especially in opening doors shut by the bigotry of Mohammedans and others, in breaking down the superstition gathered round sickness and death which is so often at the very root of the religion of Heathen races, and, of course, there is also the important duty of caring for the health of our other Missionaries. Quite apart from these things it does seem to be our duty as Christians to help the Heathen as much as we can in their times of sickness and distress.

If you will turn to the last page but one of this number of the quarterly, you will see some statistics of the amount of medical work done, and you must bear in mind that all these people have had an opportunity of hearing the Gospel quietly and without fear of molestation.

The cost of all this is in addition to the cost of the evangelistic part of the work. Is it worth it? We think that it most undoubtedly is? How is this expense met? The Society bears all the expenses of the Medical Missionary as an evangelistic agent of the Society, but up to 1891 it only gave grants in aid for the medical work averaging £100 per Mission. This was, of course, altogether insufficient, and the Missionary had either to collect the balance as best he could, or else the work had to come to a partial or complete standstill, and this not unfrequently happened. This arrangement was eminently unsatisfactory, and in the autumn of 1891 several of our Medical Missionaries then in England met the Secretaries of the Society, and as a result a series of resolutions were passed by the General Committee, laying down—(1) that the Society only recognised as a Medical Mission one in charge of a qualified medical man or woman; (2) that while the Missionary should



do what he could to raise funds locally, he should be relieved from the burden of collecting money in this country; (3) that a Medical Mission Auxiliary Committee should be formed to undertake this work.

That Committee got to work early in 1892, and in the fifteen months, ending March 31st, 1893, £1,837 was received. There was some delay in getting the spending arrangements into working order, and there was a considerable balance in hand at the end of the year. The Committee in the first instance made grants in addition to those from the General Fund on the application of the Missionaries, but last year it was arranged that the General Committee of the Society should allow the Medical Mission Committee to draw upon the General Fund to the extent of £2,500 per annum, and that with this the Medical Mission Fund should bear the whole cost of the medical requirements of the Medical Missions of the Society. We are glad to say that in January last we were able to tell the Committee that we could do with £1,500 instead of £2,500, and we hope that soon we shall be able to do without any grant from the General Fund.

We have had some very substantial gifts, but we want to have regular annual subscriptions; but we do not want these to interfere with gifts to the regular fund of the Society. We want to have branches of the fund in different towns and parishes, and would especially call attention to the new collecting boxes just issued, which are arranged for a regular gift of a penny per day or week.

The Committee have also agreed to the formation of a special branch of the fund for the collection of small regular amounts from children. The money so received will go towards the support of special cots in our Mission Hospitals.

It is unnecessary to add that we take the greatest care in the distribution of the money. We obtain a detailed estimate from each Mission, and we then do our best to provide all that is really needed, and the Committee earnestly ask that you will enable them to carry on their work by giving as you are able.

---

## ADDRESS BY REV. ROBERT ELLIOTT, L.R.C.S.I.,

AT THE C.M.S. MEDICAL MISSIONARY MEETING, MAY 18TH, 1894.

**I** THANK God that I have lived to see the day when the Lower Hall of Exeter Hall is filled with a meeting of Christians interested in Medical Missions, and I trust that the day may not be far distant when the Great Hall will be filled to overflowing by men and women who recognise the importance of this Missionary agency, and who are desirous of doing all in their power—by sympathy, and act, and help—to further this department of work amongst the Heathen. I have been a Medical Missionary for some years past, first in Bengal and afterwards in Palestine. We shall to-day have the privilege of listening to two Medical Missionaries who have been labouring in India. I shall leave that country out of the question altogether, and deal with the question of Medical Missions in Mohammedan lands. But

before I do so, I may remark that I do not know when or where I may be labouring for the Society in the future. I can only say publicly that the best years of my life are those I passed in the Mission Field, and I hope it will not be long before I shall be back again, and I hope that the vacancy will be in Palestine.

Mission work in Palestine represents notoriously the most difficult of all Missionary work amongst the Mohammedans. There are not more difficult Missions in all the world, or Missions which more emphatically need the prayers of Christ's people at home, than Missions there. It is only within recent years that Missionary societies have really undertaken any solid, earnest work of evangelising Mohammedans. It may be that they have been deterred by very great difficulties, but still the fact remains that formerly nothing in that direction was done in earnest in Palestine, Egypt, Arabia, and Persia. Now, however, our Society has opened up Palestine, Egypt, and Persia, and I trust the day may soon come when they may open up Missions in Arabia, at Muscat and other places, and that many of those Missions may be represented by Medical Missionaries. It only needs earnest work amongst Mohammedans to open up various centres in those great countries, and the presence amongst them of devoted Christian men and women.

Let us now come to the subject of Medical Mission work in Palestine. We shall begin with the city where I laboured for six and a half years—the city of Gaza. The Medical Missionary in Gaza is an evangelistic necessity, for, as the chairman has rightly explained to you, the Medical Missionary is a Missionary first and a doctor afterwards. Let us consider the evangelistic power of Medical Mission work in Gaza, and let me illustrate that point. You have no doubt gathered through our reports that evangelistic work in Palestine is a very different thing to evangelistic work in N.-W. America and other places. Any such thing as open-air preaching in Palestine and other Moslem towns is strictly forbidden by law. We dare not stand up there with our Bibles in our hands to preach Christ. We would be immediately repressed by the Turkish Government. Even in private rooms religious gatherings are sometimes held with difficulty. I remember that four years ago, in the town of Jaffa, one of the Missionaries who was holding a Bible class told me that it was held with closed doors. There were some Moslems there, and the room was forcibly entered by the Governor of Jaffa, accompanied by the police, who drove out those who had gathered there peaceably to hear the Word of God. I have seen the doors of churches guarded by the police in order to watch whether any of those who professed the Mohammedan religion were in the habit of resorting to Christian conventicles or places of worship. It is supposed that we have perfect liberty to sell the Word of God in that country; but I have known a Bible colporteur who, when going round to the people to sell them Bibles, was arrested, and his Bibles taken from him, and he cast into prison, in order, if possible, to repress the sale of God's Word. Meetings for religious purposes in Palestine are therefore almost impossible.



And now comes in the importance of Medical Missions. For six years I laboured in the city of Gaza, which is admittedly one of the most fanatical towns in all Palestine, and a city unchanged since the time of Christ in the manners and dresses of the people. There are 28,000 Moslems and 1,500 Christians in the place. Our Medical Mission was attended by small numbers at first, but the daily attendance increased until I had sometimes 180 persons, almost all Moslems. Although other agencies were repressed, although difficulties were cast in the way of other Missionaries, although Bible meetings were forcibly interrupted, I was permitted, during all these six and a half years, either in my own person or in the person of my catechists, openly and publicly to preach the Word of God without let or hindrance, and to point the people to the Lord Jesus Christ as the only Physician of the soul. Now let me speak of the work of Medical Missions as in its second aspect, namely, that of a philanthropic agency. When I went to Gaza in 1886, I found there a town of 25,000 souls. What a magnificent field for work! Here at home we see men willing to pay down thousands of pounds for a practice. But in Gaza I entered upon a practice among 25,000 people, amongst whom there was not one single qualified doctor. I was the only representative of European medical science there, the only one who had any knowledge of how to treat diseases which are met with in such horrible forms in those Eastern cities. There were plenty of quacks, but it was not quacks that the people really required.

I will tell you how the people were quacked. I was called in one day to the house of one of the leading citizens of Gaza. It would not be safe to mention his name, for it would get into the Mohammedan newspapers, and might have an unfortunate effect upon our work. Well, this man of whom I am speaking was one of the leading men of Gaza, and held also a high spiritual position. He sent for me, told me that his son was dangerously ill, and asked me to go and see him. I had my interpreter with me, and we were shown into the room where the boy was lying sick on the bed. Then one of the attendants said to me, "Will you wait until the operation is finished?" and I replied that I would do so. A Mohammedan doctor was there—a quack. The boy had virulent intermittent fever. The Mohammedan had a large plate, and also an ink horn and pen, and was very carefully writing the Mohammedan word for "God" all along the margin of the plate. Presently he called for a little water and washed the ink off, and gave the patient a drink of it, assuring him that if he swallowed the liquid he would recover of his disease in the course of a few hours. I said to the father, "You scarcely need my services now." "Well," he said, "you had better prescribe for my son." It was only the ladies of the family, I may say, who had faith in the charm. The ladies in those countries are more superstitious than the men. Well, my medicine was tried, and by God's blessing the boy recovered.

Again, there is a disease commonly called hysteria. The Mohammedan doctors have a wonderful cure for hysteria, in administering a real good beating to the patient. I do not say that a little harsh treat-



ment may not be advisable in certain cases of persons suffering from that disease. But the first case I saw was that of a poor, delicate girl, and I shall never forget the feelings which boiled up in my heart when I saw that girl literally half killed in the way I have stated. You will readily understand the tremendous power of Medical Mission work. We come, with our European skill and our knowledge of drugs and instruments, to those ignorant people in Gaza. Such treatment is quite a revelation to them, and I can assure you that during that residence of six and a half years I was permitted to see the most wonderful change coming, not only over the poor people, but also over the educated classes there.

Now let me give you some individual instances of what our Medical Mission work has accomplished in breaking down prejudices, in making men peaceable and friends of the Gospel, and in opening the eyes of the people to the power of Christ Jesus. When I went out to Gaza in 1886, a friend told me that we had one great enemy there, the Governor of the town, who had by his influence done a great deal of harm. He was a fanatic in his religion. I wish there were some fanatics at home as enthusiastic in Christian work as those Mohammedans are in theirs. We would then see Christian work more successfully established than it is. That man had opposed my predecessor, and had done all in his power to close the Medical Mission. How was I going to manage this man? It pleased God to send him a very loathsome disease by reason of a certain sin. He went to all those various gentlemen in Gaza who called themselves doctors, and of course their charms were of no use. Finally, after a good many qualms of conscience, I dare say, he called in his servants to see whether the Missionary would come to him. I was asked to go and see him. I went, and I must confess that it was a very difficult matter dealing with that gentleman. I had to be very careful how I addressed him, but I never shirked to put before him the objects of our Mission in Gaza. By God's blessing upon the means used, that man recovered from the disease; and not only so, but God wrought a change in his heart, and although he did not throw off Mohammedanism, yet he became a Bible student, and many a day he sat in my house for four or five hours together, and spoke to me in an earnest manner on Christian subjects. And more than that. When I proceeded to erect a great hall that could accommodate 300 persons, that man was such a friend that he facilitated every one of the operations needful to get permission from the Turkish Government, so that I was able to erect in four months a building which some of our Missionaries might have required four years to erect.

Let me give you one more instance to show you the power of a Medical Mission. In Jerusalem, which I have visited a good many times, there are a great many Missions. But there is one society which has sustained a Mission like our own (the London Society for the Promotion of Christianity among the Jews), which is doing a grand work in Palestine. That society some years ago established a Medical Mission, and they have never allowed it to go down. I had a letter

not long ago from a doctor of that society, who gave me some striking facts. In the city of Jerusalem there are three Missions established by Lord Rothschild and others, who are opposed to the propagation of Christianity among the Jews, and desire to keep the Jews in their ancient faith. The Rothschild Hospital is a very fine hospital, and everything in it is free—the medicine, the food, and the advice. We find, however, that the Christian Medical Mission, which shows the power and spirit of the Lord Jesus Christ, has got such a hold upon the Jews in that city that many of them brave the excommunication of the Rabbis in order that they may come to it for treatment. That is a fact which illustrates the power of the Medical Mission over the hearts of these people, who, as I have just said, will forsake a secular Mission, with free medical attendance, and come to a Christian Medical Mission because they recognise that those who are in charge of it are men actuated by the best of all purposes, desiring to benefit not only their bodies, but to give them blessing which is above every other blessing—the knowledge of the Lord Jesus Christ.

May I say just one word more? Sometimes we are told at home that Medical Missions are a great expense, that people in this country cannot support Medical Missions, that they cannot send two Medical Missionaries to every Missionary station. Our Committee cannot do it of themselves. I know they cannot. The power of wiping off that reproach rests with you. They would send men to every town in those foreign countries if it were in their power. They are but the administrators of your money, and the custodians of your gifts. It rests upon you to give the Church Missionary Society and other societies the funds equal to support Medical Missions. It rests with you to come forward and say, "We will do more in the future," and help every society which undertakes this most useful agency, fulfilling the desire of their hearts by sending out men who, treading close in the footsteps of our Lord Jesus Christ, shall, on the one hand, present to those Mussulmans and Heathens the truth of God, and on the other hand the blessings of European science, and medicine, and surgery, and who, by the combination of those blessings, shall show them that Christians in England desire the welfare, not only of their bodies, but also of their souls.

---

## AMRITSAR MEDICAL MISSION.

LETTER FROM DR. HENRY MARTYN CLARK.

**D**URING the past year the work of the Amritsar Medical Mission has been greater than ever before. Thus there were 45,656 new patients, and 43,301 visits were paid, making a total of 88,957 for the year 1893. Then, as regards operations, we have had 221 majors, and 2,255 minors, making a total of 2,476 operations in all. There have been 368 in-patients, 161 medical cases, and 207 surgical. Of this number 333 cases were cured, 23 were improved, and 12 died. The good effect of having a colleague is felt in every department of



work—alike in the branches and in the out-stations; work has not only increased but is more thoroughly done. The increase is very steady.

At present our wards are steadily filled, and the amount of surgery which comes rolling up to our doors is worthy of a home hospital. Our results so far are excellent. Since the arrival of our new dressings, towards the purchase of which the Irish Medical Missions Aid Society gave substantial help, we have had results in a number of operations which could not be exceeded anywhere.

Better than all, there never was a time when we were so cheered as regards the spiritual work. We have had much of blessing. The controversy held with Mohammedans has been fruitful in many ways. Preaching to the out-patients, in the wards and in the villages, has been more efficient and blessed than ever before. In this work Dr. Lankester is able to take a full share, in fact, the two great itinerations of the year have been under his generalship. During the past year 33 baptisms took place. Great and absorbing and glorious as the purely medical work of the Mission is, both to myself and to my colleague, it is merely the means to an end. We rejoice in the increase and good success, as medical men should who love their profession, but still more as those who love their Saviour, we rejoice in the increased influence which increased work means; and in the increased opportunities for telling the good news of His Salvation and pressing His claims home to the hearts of men.

To preach the Gospel through the ministry of healing is the sole aim of all the work of the Medical Mission. It is a very great joy to us to find our fellow-workers are growing up to the sublime ideal, which is also with us very much the real. There is an increase in zeal, in true spiritual life and inwardness, for which we cannot be too thankful.

Very much of this is the result of a new departure which has been greatly blessed. We have instituted a day of prayer and humiliation, and waiting upon God. Annually all the workers in the Medical Mission meet together. This year some 38 assembled. They were housed in tents which formed a very picturesque encampment in my compound.

The first meeting was on Tuesday evening; it was taken by me; the subject was "Jacob's wrestle with the angel." God had a blessing for us, even the baptism of the Holy Spirit, whereby we too, instead of being mere Jacobs, might become Israels, princes having power, riches, acceptance, victory. The keynote struck for all the services was: "I will not let thee go except thou bless me."

The next day I was chairman throughout. The first meeting—confession, humiliation, sin—was addressed by the Rev. R. Clark. It was a very solemn time of heart searchings.

Dr. Lankester took the next meeting, on the Holy Spirit, His office and ministry; and I the third, on qualifications for spiritual work.

In the evening there was another meeting, at which the workers from the various stations gave their reports and prayed for each other. The meeting was concluded by the Rev. T. R. Wade.

Next morning we had a praise meeting.

There was no formal programme. It was a time of wonderful bless-

ing. The Holy Spirit was present in our midst with great power. Most remarkable testimonies were given by some of those present, of the blessing they had received. There was nothing forced and nothing of disorder—nothing but much humiliation and deep thankfulness as our fellow-workers told us what great things God had done for them. As I looked round on the faces before me the past came up; I could remember when and where I first met those dear fellow-labourers and children in the faith, how many of them then grovelled in the darkness of heathenism and the filthy mire of Mohammedanism. What wonderful heart-stirring histories many of them have—they have indeed been taken out of many waters, and are being kept to His praise and glory. I did wish that the friends and foes of mission work could have been at this marvellous meeting.

Just as there is scarcely a day now without its operation or its interesting medical work, so there is scarcely a day without its token of good. There is much that is very stirring going on, of which it is too soon as yet to speak, but you may be of good cheer about us, God is giving us the victory. Of the 38 present at our meetings no less than 18 were ex-Mohammedans. The appointment of a second Medical Missionary as colleague to this Medical Mission has been a good and a wise thing. It means not merely increase of work, but thoroughness and strength and very great blessing; how much perhaps only I can fully realise, who can look back on nine years of solitary labour.

I must not close without telling you that we have initiated four Sunday Schools and a United Ward Service on Sunday evenings. Mrs. Martyn Clark plays the guitar, Dr. Lankester leads the singing, I usually give the address, the whole is immensely enjoyed by the patients and their friends, who with both wards steadily filled form no mean congregation.

## THE BANNU MEDICAL MISSION.

LETTER FROM DR. T. L. PENNELL.

THIS Mission station has just had the privilege of a visit from the Rev. Robert Clark, who was with us from the 9th to 14th inst., and during his visit he opened the three new wards of the Mission Hospital, *i.e.*, the “Khush Ummed” or “Sweet Hope” ward, with six beds—of which two have been appropriated—one, the “Connolly bed,” in memoriam of Capt. Connolly, beheaded at Bokhara with Capt. Stoddart, over which bed is written in Urdu, “The blood of the martyrs is the seed of the Church”; the other is provided for by “University College Christian Association,” in memory of Dr. Pennell; the other four beds await owners! Ward No. 2 is the “Gordon” ward, in memoriam of the C.M.S. Missionary Gordon, killed at Candahar, and also of Gen. Gordon of Khartoum. It has only four beds, and is a women’s ward. Only one bed (as yet) has been appropriated in this ward, and over it is the name “Mercy and Grace.” £2 for initial expenses, or £3 3s. yearly, is all that is needed for the support of a bed.



"Dilawar Khan" is the name of Ward 3, called after a brave Mohammedan who suffered death for Christ's sake. He was a subadar in the Guides Corps, and had been sent by Government on a mission to Kaffiristan, where the soldiers killed him. We have been granted the joy of having a native baptised; his name is Gunda Singh, or "Brave Lion," and we trust he may indeed be enabled to be bold as a lion in his stand for Christian truth; he is one of our servants.

[Since the above was written another bed has been "supported" by Lady Herbert Edwardes, in memory of her husband.—H. L.]

## FUH-NING WOMEN'S HOSPITAL.

LETTER FROM MRS. VAN SOMEREN TAYLOR.

I AM thankful that I am able to begin this letter with a keynote of praise. The last year has indeed been one of great encouragement, not only in the increase of patients, but also of inquirers.

The number of in-patients for last year was 196; out-patients, new, 407; out-patients, old, 849, making a total of 1,452. Some of the in-patients returned during the year, but are not reckoned again as in-patients.

We have now completed two new wards at the end of the hospital, which will prevent the overcrowding we had last year. Some of the women have given us great encouragement; others have not been able to stand the test of returning to their heathen homes and surroundings, and have not had courage to confess their belief in God.

No one can fully understand what it costs these women to give up their idols and to begin a new life. They have so much against them; their early training, their secluded lives, their bound feet, their want of brain power to grasp even a new thought—all make it hard, very hard, to reach them. Could we only keep them in close touch with us, and have them for a few years to teach, they would be very different. But as we cannot do that, you can perhaps understand how, when they return to their heathen homes and surroundings, they cannot stand firm. So many of them believe in their hearts what they have learnt in the hospital, but fear keeps them back. Some of them, too, are forbidden by their husbands or their friends to talk of what they have heard or learnt in the hospital.

Yet even this aspect has its bright side, and the influence which they have received in the hospital has not been lost. The other ladies in visiting have often spoken of the help it has been in giving them a warm welcome to the houses. Whenever they visit an old hospital patient, they are received with the greatest kindness, and the women are always ready to hear their message.

Several interesting cases have occurred: one young woman on her return home took down the god of the kitchen, and would not have another put up.

Three women have been cured of opium smoking; two of the three have become inquirers and attend either the church soirées or my

Sunday afternoon class. The third woman, I am sorry to say, has gone back to opium, but the others have given up all desire for it. Opium smoking is very common amongst the women in this part. It is ruining the lives of many, and they speak and talk of it as a very small matter ; it is a great curse. God grant it may soon be removed.

There are also three women from a village about three miles away, who have received much benefit from their stay in the hospital. I visited them a few days ago, and I was pleased to find that they had not forgotten what they had learnt. In one house the woman asked us to read and pray with her, and this before her heathen friends. I asked her which hymn she would like, as she knew one or two. She said "Jesus loves me."

In another village two old patients received us with the greatest kindness, and prepared the Bible woman and myself quite a feast. One of the women sent her husband to a large loft over the house where they store away rice, and told him to make it clean and tidy, after which she invited us to go up and have service there. She also asked several women to come with us. We had quite a nice, and, I trust, profitable time with them. I hope soon to send the Bible-woman there to stay for a week or more and teach the women.

What we really do need are good earnest Bible-women who could go out to these villagers and live amongst the people, and follow up what they have already been taught. But our greatest difficulty is to find suitable women for this work. The custom of this part of China will not allow young women to be seen out ; married women have their houses and children to look after, and the old women are sometimes beyond learning, so that our native helpers in the women's work are very few. Had we only a few good trained Bible-women to send out to these villages great good could be done.

One new feature this year has been that, through the women's hospital, three men have become inquirers. One is the son of an old woman named Mary, who was baptized from my class some years ago. This son has been much prayed for, and at last he has become interested and attends church every Sunday. He is very poor, but every Saturday washes his only garments, so that he may be clean to come to church on Sunday. The other is the husband of a woman who was brought into the hospital supposed to be possessed with a devil. His wife recovered, and since then he has attended the services, and sometimes brings his old father with him ; he lives about three miles away. He seems very earnest and anxious to know all about the Jesus doctrine. In visiting the house not long ago with the Bible-woman he was delighted to see us, and both his father and his wife were also very glad to see us. He asked us to read and pray with them, and asked many questions. I trust he may become a true Christian, as his influence in and around his village would be very great.

The third is the husband of a woman who came into the hospital ill, and since her recovery has attended the Sunday afternoon class in the hospital. She persuaded her husband to go to the church and hear for himself ; he did so, and now attends every Sunday. There is no doubt



but that women can make their influence felt here just as much as at home. If we can get the children, we have every hope of getting the mothers; if we can reach the mothers and children, we shall reach the fathers. There are exceptions, but women can rule here in their own way.

It is interesting, too, to see how the little ones who come into the hospital with their mothers get to understand what is taught, and it is pleasant to hear these little heathen children repeating a text or a hymn. One dear little girl, about six years old, learnt a great deal about God, and could repeat and sing many hymns. Who knows but that in after years these early influences may change the whole current of their future lives?

Another feature of the year has been the baptism of some women and girls, the latter from our Girls' Boarding School. Three of the women baptized were from my inquirers' class, and I am thankful to say that they are all showing a consistent Christian walk and are truly lights to those around. I have a class twice a week to teach them to read their Bible and Prayer Book with more intelligence, as so few women know how to read or study their Bibles.

You will perhaps remember that in my letter last year, I mentioned how much I wanted to be able to take in, for a few months' training, a few women who had become really inquirers. I am thankful to say I have been able now to do this, and five women have come for three months' instruction. The two new wards attached to the hospital have enabled me to take them in before the rush of patients begins, July, August, and September being the most crowded time; these women will return to their homes for further testing before seeking for baptism. In such a short time one cannot teach them much, but it will give them a clearer knowledge of the Gospel and what a Christian really means, and help them on their return home to be able to teach others. Could we teach these women and send them out with a true idea of God, how much good would be done! For after all, it is native workers we need, who can understand the native mind and who can put before these people the Gospel as we never can. Oh, for more men and women filled with God's spirit to go forth and teach their own heathen people! We have many such good earnest men and women, but few compared with the great need around. "The harvest truly is great, but the labourers are few."

In looking back upon the eleven years' work in this city, what do I feel? Encouraged, or discouraged? Certainly not the latter. Things have not perhaps moved with as great rapidity as one would like; but contrast the past with the present and what do we find? A letter published in the "Church Missionary Gleaner," dated March, 1884, from which I take an extract, will perhaps show the contrast:—

"As you already know that I am the first foreign lady who has resided here, you can well imagine what a curiosity I was for some time. The dogs heralded our approach, the children rushed in to tell their mothers to come and see the foreign woman. On my first stopping to speak to them it was really laughable, the look of courage mingled

with fear, while others at once ran into their houses. Some more courageous ones would give me a kindly recognition, but with a blank stare of amazement, while others were really afraid I should take away their babies or do them an injury. I knew the better plan was not to force myself upon them, but quietly win my way amongst them, speaking to one and another, and inviting them to my house. This lasted for some time, but they found out that I was like themselves, 'only a woman.' And by degrees they came to see me, and lost all fear.

"When I glance round and see house after house literally filled with women all sunk in the very depths of idolatry my heart sometimes fails, and I think with sadness, 'Who is sufficient for these things?' Here am I, one solitary being in this great mass of heathenism, only one to teach the hundreds. Oh! that our friends at home could only realise this great fact, that here in this city scarcely any women have heard the message of peace, day by day living a dark uninteresting life, knowing nothing beyond but a vague idea of a spirit world."

Now could I write like this? Thank God, no! What do we find in place of this past? We find a band of Christian men and women attending the Sunday Services, a Sunday School, a Girls' Boarding School, with over thirty girls; a men's hospital, a women's hospital, a dispensary; several well-trained native doctors or students, classes for Christian women and inquirers, three Bible-women, and free access to almost every house. Can we speak of discouragement? Thank God, no! Perhaps new workers in the field may not see such a bright side, but to me it is a continual source of praise and encouragement; and when I feel at all inclined to be discouraged I recall to memory when, alone in this city, I had not one Christian woman to whom I could speak—not one whom I could call friend. Now there are many such bound together in the closest fellowship—"All one in Christ Jesus." "Truly God hath wrought great things for us, whereof we are glad."

I have to thank many kind friends for their help and sympathy during the past year. I cannot put into words how much Dr. Taylor and myself appreciate all the kindness we have from time to time received. The thought of kind hearts and loving hands thinking and working for us cheers us very much, and makes many a burden lighter. I only wish that I could individually thank each one, and assure them of our true appreciation of their labour of love. Increased work means increased funds; and the generous response to our request for help to carry on our work among the sick and suffering has been very cheering and helpful.

To the friends who support beds in the hospital we offer our most hearty thanks, and could they only see the gratitude of some of these suffering ones they would be fully rewarded.

Medical Missionary work just meets the needs of the women of China—it raises them spiritually, physically, and morally. How many hearts have been reached through caring for the bodies, how many souls have been won through Medical Missions, no one will ever know, but the Saviour knew how far-reaching, how great would be the in-gathering when He said: "Heal the sick, and say unto them, the Kingdom of God is come nigh unto you."



# ITINERANT MEDICAL MISSION, KWAN-TUNG.

LETTER FROM DR. W. W. COLBORNE.

I WANT to mention one place called Shap-tsz-kan, in the Tsang-Shing district, whence I am at present writing. Here there are five Christians, including one baptized last Sunday. One old man here has died, I believe one of the first to be baptized in this district. One day, when we went to see him, we asked him what he said when he prayed, and he began to go through the sentences at the beginning of the Prayer-book and the exhortation. How far he went I do not remember, but he was going on till we stopped him. We saw him last winter on a broken down bed, with a ragged cotton-wool quilt for a covering. He seemed to have faith and true peace in spite of his poverty. He used, I understood, to teach the woman next door the Prayer-book, and she used to wait on him. The man and woman next door were baptized the October before last, I think. I once asked the brethren how the Gospel was regarded, or listened to, in their part. "Oh," they said, "very well." "Why?" "Because," they said, "the people round know what a bad man he was before he entered the teaching, but now knew how much he was changed." His wife is a bright Christian, and a very little makes her laugh heartily. She was confirmed the other day. She spoke of the peace in her heart afterwards. The man who was baptized last Sunday refused to take any money for carrying Mr. Grundy's and my things about a year ago. I had the money in my hand ready to slip into his when he went out, but he saw my intention and swept his arm round so as to prevent my giving it to him and went out.

In the village of Sha-kong I think there is a prospect of good work being done. I hope they may go on in the same way, only with greater energy. One good thing is that no dollars have been spent in **this** village on buildings, &c., and no one at a salary has been **employed** from among them, and no one has been stationed there at a salary. Dollars are, I think, a hindrance if they are not used with caution. If they are spent without caution they tend to raise a lot of spurious Christianity, hard to distinguish always from the genuine, and which tends to obscure that which is really true, leading us sometimes, perhaps, to consider that which is really true as false. It is also bad for ourselves, it tends to render us always suspicious, and disbelieving in the genuine work of the Holy Spirit, and it also tends to lower our standard of practical Christianity both for ourselves and others. As regards our position with regard to the Heathen, it is better that we should have as few dollars as is compatible with our doing our work efficiently.

It may be said, How do they know what allowance or salary we or our helpers get? The following incident will indicate that a knowledge of this is somewhat generally diffused. Wong A Yan, otherwise called Peter, and who used to be in the Salvation Army in London, I believe, was employed by the Bible Society to sell books. One day at Kong-Moon he was on board my ship, talking to the lepers around and giving

away some books. At the end a leper said, as I understood about: "Oh, it is all very well for him to talk, he gets six dollars a month." The agents of the Bible Society are employed at from six to eight dollars a month. One frequent subject of discussion with regard to us, I believe, is "How much does he get?" and the general belief is that we are paid by the English Government.

During four months, I was at Pakhoi taking Dr. Horder's place. While there I had the best opportunity of making the Gospel known that I have had since I have been in China. This was among the lepers. Before I went to Pakhoi I was inclined to think that to open an institution for taking care of lepers was rather going outside our proper work, that the best way was to preach the Gospel to the Chinese, and then they themselves would open such institutions. I altered my opinion when I got to Pakhoi, because not only were a few lepers cared for (as regards their bodies) out of a vast number, but what was of far greater importance, the Gospel was preached to them under favourable conditions.

These conditions being first, that they most of them are under continuous instruction for some time, and thus know something of the facts of the Bible, and are somewhat familiar with Bible names.

Secondly, their hearts are opened by the kind treatment they receive. And this is good, not only for the salvation of the lepers themselves, but for the prospect I think it gives that their relatives and friends may be reached through them, for in many cases, if not the majority, the leper is not utterly cast out from among his people. It depends, I suppose, on the amount of natural affection there is in different cases, and on the stage of the leprosy, etc.

When one spoke with the lepers, one felt as if there was a different kind of influence present to what there was when one spoke with others. It seemed like pouring water on the thirsty ground. It seemed, I thought once or twice, as if all that was needed was to make the message clear and plain for it to be received. They seemed much quicker to understand spiritual truth, because perhaps their hearts are more open to receive it. One day I was talking about the new birth and about Moses and the serpent, and one of them seemed to apprehend my meaning before I had stated it, and said as I understood him: "Oh, it is as looking at the serpent gave new life to the body, so faith in Jesus gives eternal life to the soul." This (if I understood him aright) is marvellous, when compared with the slowness to comprehend such doctrine even among those who are called Christian.

There was a leper who was taken very ill one day. After he had recovered from one attack, I said to him: "You know the seizure you had just now was dangerous; as you are in a dangerous state it would make my heart much more at ease if you could say you believed in Jesus." He said, "I do." I said I was glad to hear it. Now I should not be so anxious about him. It was good to see how the leper believers around smiled and appeared to be glad with me because he had confessed a faith in Jesus. He was a candidate for baptism, and being prepared for it among others when I left.



## HANG-CHOW MEDICAL MISSION.

LETTER FROM DR. D. D. MAIN.

**D**URING the year the kindly light of love and sympathy has been shining, and not a few have been helped and cheered and blessed.

Burdens have been lightened ; the road of life made a little easier and smoother ; helping hands have been held out to the fainting ; broken hearts have been bound up ; ignorance, prejudice, and unreasonableness have been overcome ; the Gospel has been preached in all its simplicity, and souls have been saved, and we believe God has been glorified.

Of course we have had our difficulties, too, but we have not looked at them through magnifying-glasses, or gone out of our way to meet them, or allowed them to dampen or depress us. We don't believe in putting clouds into clear skies or crossing bridges till we come to them.

*The Dispensary Work.*—In the dispensary we come across the very wreckage of misery and wretchedness—many of the poor creatures who come to us are actually loathsome and repulsive, poverty and dirt (especially the dirt) are in the front, and if it were not “for Christ's sake,” I fear much of the dreary drudgery of dispensary work would not be done with hearty enthusiasm.

We treated over 13,000 (a considerable increase over last year) new patients. Each one was personally dealt with and prescribed for, and no one was sent off with bread-pills or coloured water ; their diseases were all properly diagnosed, and the best medicines were prescribed and given to them. We don't, of course, give a man medicine if there is nothing the matter with him ; neither do we give him a gallon because he asks for it (quantity is a great matter with a Chinaman). Neither do we give a patient specially good medicine because he appears interested in what we preach.

There are some who fancy that if they give heed to the “doctrine” we shall give them specially efficacious medicine, and there are others who think that the quantity of medicine they receive is in proportion to the length of time they listen to the Gospel. Our opportunities in the dispensary for doing good by relieving pain and comforting the suffering are legion. It is also a good field for bringing the patients face to face with the tidings of salvation.

Of course, a poor, ignorant patient, sitting in the waiting-room till his turn for consultation comes round, cannot be expected to understand much of the Gospel, of which he has never heard before, although he may listen with rapt attention and appear heartily interested. Still, thank God, he takes in a little, and the next time he comes back he takes in a little more, and so by degrees he learns the truth, which lays hold upon his heart and changes his life.

*Hospital Work.*—During the year over 600 in-patients passed through the wards, of whom nearly 100 were women. This is our chief and most important work, both medically and spiritually. In the dispensary we

meet with hundreds who can only be satisfactorily treated as in-patients; in fact, many of the diseases are so chronic and aggravated by native quacks, that even with the best hospital treatment we can do little or nothing to relieve them. As a rule, the very chronic and long-standing cases only come to us after all other plans have failed: idols, astrologers, and fortune-tellers have been consulted; the wonderful virtue of tigers' bones, snakes' skins, and dragons' teeth have been tried; charms have been used to expel the evil spirits and pacify the offended gods. All their money has been spent and they are nothing better, but rather worse, and they come hoping, many of them, poor creatures, to be cured "right off." And no matter how serious the disease may be, they think we shall at least cure it in a month; and they often seem most surprised when we tell them that we cannot promise to cure them at all, but that we will do what we can to relieve them. Not a few are brought to us in the last stages of fatal sickness, and when we say it is too late and nothing can cure them their friends are most unwilling to carry them away, and often remain for hours on the compound, pleading with us on their knees and knocking their heads on the ground most earnestly for us to heal them and save their lives. It is hard to convince them that there is a limit to our power, and they often accuse us of hiding our ability and keeping our best medicine in reserve.

The patients are expected to contribute towards their support while undergoing treatment in the wards. There are many, however, who are too poor to give anything towards their board; but through the kindness of many friends who support "cots" we are able to receive them free. We find here many of the Chinese are willing and able to pay something towards their support, and are not the proper objects of wholesale charity, and should not be treated on charitable lines. We take advantage of their willingness to pay with thankfulness; the fees, of course, are very inadequate to the services rendered, still they are in a healthy direction, and a help towards self-support on the one hand, and encourage habits of thrift, economy, and self-denial on the other.

*Opium Refuge.*—During the year ninety-seven men who came to us seeking to be released from the debasing habit, received our kindly help. The number included all grades of society and all classes of men. My opinion about the evil effects of opium-smoking is unaltered. No one in his sober senses can say anything in its favour, unless he talks nonsense. We never come across an opium smoker or a non-opium smoker who has anything to say in favour of the habit, and if it were such an innocent affair as some advocates of it try to make us believe, surely we who live among the people from year to year would find it out. I think far too little is made of this most important fact. Surely the voice of the people should be listened to, and the testimony of those who have paid flying visits to opium smoking countries and gathered their information through interpreters should be discounted. Many, I fear, are influenced by pecuniary or personal motives, and some, no doubt, take up the cudgels for it because Missionaries are its chief opponents. To me it seems an utter impossibility for anyone who lives among the Chinese, speaks their language, knows their lives,



and mixes with them from day to day, to do anything else but to condemn the base, cruel, and demoralizing habit. It affects the Chinaman's person, principle, and purse, damages his constitution, degrades his conduct, and drains his cash, and in many cases leads to ruin and destruction of the body and soul. God grant that every help may be given to those who are fighting against the evil and trying to cure and save the victims of the habit !

*Medical Class.*—The number of students at present under training is eight. This branch of our work is most important. The need of an efficient native medical agency is a most urgent necessity, and I feel sure that no labour which we spend for the attainment of it will be lost. We foreigners can never overtake the work that requires to be done ; and the success that has already followed the labours of those we have passed through our hand abundantly justifies the amount of time and money spent in educating them.

For the successful management of a large work like our own, thoroughly qualified natives are indispensable, and for aggressive work in the country their influence is much greater than the ordinary evangelist. I hope I shall live to see the day when native Medical Missionaries shall be established at all our out-stations and attached to all our itinerating Missionaries.

*Care of the Missionaries, Native Agents, and Native Christians.*—This department of our work in a large Mission centre like this is often very great and often very responsible. I can say that almost daily my services are required by the Missionaries or their children ; there is hardly ever a time when some one is not on the sick list. And this leads me here to say what I have often said before, that Mid-China is an unhealthy climate, and I am anxious to impress upon you the necessity of sending only very strong Missionaries here.

At present, I assure you, we are a "feeble folk." There are very few of us who are able day by day and month by month to "keep at it." Malaria saps the most of it, and the depression and inertia caused by the continued heat is often most distressing, and some of us often have to get through our work at the cost of headache and general depression. I am one of those who believe that the Society sends us out to live and work ; if we are not able to do either, or rather both, we ought to go home. Of course, I quite believe that the death of a Missionary may have a good effect upon the people ; but a living witness is what we most need here, and we ought to do all we can to keep our Missionaries alive and in working condition, because a Missionary who is only alive and just able to "pull through" is practically not of much use. To be a working Missionary in Mid-China you must have a sound constitution.

*The Women's Ward* has, as of old, been entirely managed by my wife. She devotes a great deal of time to the women, and by Christian kindness and Christian teaching does much for both their bodies and their souls. You are aware that Mrs. Main's new hospital for women is now built, and that she hopes to open it shortly, but she will no doubt write you herself and tell you all about it.

*The Leper Hospital.*—During the year fifty-four poor lepers came to the hospital, seeking our sympathy and relief. So far a cure for leprosy is unknown. However, we were able to mitigate their sufferings, and in some cases arrest the disease. Spiritually, this department is full of hope and promise. During the year one patient was baptized, and shortly we expect three or four more to be received into the Church.

*Itinerating.*—Beyond a few visits to our Shaouhing Branch I have not personally been able to do much in this line. I am so tied now here by the foreigners, and my hospital duties, which at all times are pretty heavy. However, one of my old students has been able to go sometimes to the country with the evangelists, and has visited quite a number of towns and villages in the surrounding district.

*Branch Dispensary and Hospital at Shaouhing.* The work there still continues and progresses satisfactorily. The native in charge has done good work during the year. He treated over 3,000 out-patients, and had 34 in-patients, saved quite a number of opium suicides, and performed many minor operations. Mr. Wheatley will, no doubt, write you in detail about his work.

*The Evangelists.*—During the year the three evangelists have been hard at it. The salvation of the souls of our patients is the chief end of all our work, and I feel that if the medical work is not always subordinate to the spiritual work, then it is not in its right place. We have constantly to remember that the administration of medical relief is only a means to an end. And certainly it is a very effectual means of advancing the cause of Christ. The evangelists have done good work in the wards by daily personal dealing with the patients; they have also visited in the country at the homes of the people all the patients who while in the wards showed an interest in the Gospel. This most important work of following up the patients to their homes, to water the good seed and deepen the impressions made while in the wards, is full of bright promise, and will in due time bring forth fruit.

The hospital range of influence is very wide, and it is impossible for us to label our spiritual results like so many packages; still they are nevertheless sure, although they are not always visible. However, we are not minus even visible results; we can lay our hands on a few who have been, during the year, brought into the Church through the hospital. Not only has it been a blessing on our own Mission, but other Missions have also shared in the blessing.

In reviewing the work of the past year, we are deeply sensible of God's great goodness, and praise Him for all the health and strength we have enjoyed, and for all He has enabled us to do. The practical sympathy and loving interest of many kind friends have done much to encourage and stimulate us amid the difficulties and trials which arise out of a work like ours.

We are truly thankful to the Medical Missionary Auxiliary for all it has done for us, and hope it has rejoiced as much in the privilege of giving as we have in receiving and working out our receipts in healing and preaching. We still continue to look to you to hold us up by your prayers, personal interest, and purses.



# STATISTICS OF C.M.S. MEDICAL MISSIONS for 1893.

|                                                                                | No. | Founded. | Medical Missionary.                                                                                          | No. of Beds. | No. of In-Patients. | No. of Out-Patients. | Visits to Homes. | Operations. |                                                                                   |
|--------------------------------------------------------------------------------|-----|----------|--------------------------------------------------------------------------------------------------------------|--------------|---------------------|----------------------|------------------|-------------|-----------------------------------------------------------------------------------|
| IGER.<br>Lokoja ... ..                                                         | 1   | 1890     | In abeyance.                                                                                                 |              |                     |                      |                  |             |                                                                                   |
| E. AFRICA.<br>Mombasa ... ..                                                   | 2   | 1887     | C. S. EDWARDS, 1888 ...<br>M.R.C.S., L.R.C.P.                                                                | 50           | 207                 | 17000                | *                |             | * "Numerous."                                                                     |
| Chagga ... ..                                                                  | 3   |          | E. J. BAXTER, 1877 ...<br>L.R.C.S., L.R.C.P., Edin.                                                          |              |                     |                      |                  |             | At Home.                                                                          |
| Uganda ... ..                                                                  | 4   | 1891     |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| GYPT.<br>Cairo ... ..                                                          | 5   | 1889     | F. J. HARPUR, 1885 ...<br>B.A., M.B., B.Ch., T.C.D.                                                          | 8            | 46                  | 24570                | 83               | 523         |                                                                                   |
| PALESTINE.<br>Gaza ... ..                                                      | 6   | 1882     | Rev. R. STERLING, 1893 ...<br>B.A., M.B., B.S., Dur.                                                         | 10           | 150                 | 14328                |                  | 588         |                                                                                   |
| Nablus ... ..                                                                  | 7   | 1891     | GASKOIN WRIGHT, 1891 ...<br>M.R.C.S., L.R.C.P.                                                               | 8            |                     | 10113                | 865              | 304         | Temporary Hospital just opened.                                                   |
| Unlocated ... ..                                                               | 8   |          | S. CROPPER, 1894 ...<br>M.A., M.B., C.M., Cantab.                                                            |              |                     |                      |                  |             |                                                                                   |
| ERSIA.<br>Baghdad ... ..                                                       | 9   | 1886     | H. M. SUTTON, 1886 ...<br>L.R.C.P., M.R.C.S.                                                                 | 2            | 30                  | 4622                 | 187              | 300         |                                                                                   |
| Julfa ... ..                                                                   | 10  | 1879     | D. CARR, 1893 ...<br>M.B., B.Ch., Cantab.                                                                    | 2            | 28                  | 13415                |                  | 145         |                                                                                   |
| UNJAB.<br>Amritsar ... ..                                                      | 11  | 1881     | H. M. CLARK, 1881 ...<br>M.D., C.M., Edin.<br>A. LANKESTER, 1891 ...<br>M.B., Lond.                          | 18           | 368                 | 88961                |                  | 2457        |                                                                                   |
| Dera Ghazi Khan...                                                             | 12  | 1878     | A. JUKES, 1878 ...<br>M.R.C.S., L.R.C.P.<br>J. O. SUMMERHAYES, 1893 ...<br>M.R.C.S., L.R.C.P.                | 36           | 113                 | 42906                |                  | 520         | In-Patient Hospital not finished.                                                 |
| Bannu ... ..                                                                   | 13  | 1892     | T. PENNELL, 1892 ...<br>M.D., B.Sc., Lond.,<br>F.R.C.S., Eng.<br>W. F. ADAMS, 1893 ...<br>M.R.C.S., L.R.C.P. | 3            | 34                  | 9861                 | 255              | 86          |                                                                                   |
| Kashmir ... ..                                                                 | 14  | 1864     | A. NEVE, 1881 ...<br>F.R.C.S., Edin.<br>E. NEVE, 1886 ...<br>M.D., F.R.C.S., Edin.                           | *100         | 942                 | 22628                | 1200             | 2588        | * 30 beds are in the State Leper Hospital which is managed by the mission doctors |
| Quetta ... ..                                                                  | 15  | 1885     | S. W. SUTTON, 1885 ...<br>M.D., Lond.<br>M. EUSTACE, 1889 ...<br>M.D., Dub.                                  | 28           | 137                 | 8081                 |                  | 131         |                                                                                   |
| CHINA.<br>Itinerant Mission ...                                                | 16  | 1890     | W. W. COLBORNE, 1890 ...<br>M.D., Lond.                                                                      |              |                     | 8000                 |                  |             |                                                                                   |
| Pakhoi ... ..                                                                  | 17  | 1886     | E. G. HORDER, 1883 ...<br>L.R.C.P., Edin.<br>L. G. HILL, 1894 ...<br>M.R.C.S., L.R.C.P.                      | 40           | 258                 | 9107                 | 86               | 265         | Also a Leper Hospital.                                                            |
| Fuh-Ning ... ..                                                                | 18  | 1878     | B. VAN S. TAYLOR, 1878 ...<br>M.B., C.M., Edin.                                                              | 58           | 607                 | 7029                 |                  |             |                                                                                   |
| Fuh-Chow ... ..                                                                | 19  |          | W. P. MEARS, 1890 ...<br>M.A., M.D., Dur.<br>Mrs. W. P. MEARS, 1890 ...<br>L.K.Q.C.P.I.                      |              |                     |                      |                  |             |                                                                                   |
| Kien-Ning-Fu ... ..                                                            | 20  | 1889     | J. RIGG, 1878 ...<br>M.B., C.M., Edin.                                                                       | 46           | 332                 | 8352                 | 61               | 287         |                                                                                   |
| CHINA.<br>Lingpo ... ..                                                        | 21  | 1888     | R. SMYTH, 1893 ...<br>M.B., B.Ch., Dub.                                                                      | 35           | 233                 | 5376                 |                  | 115         | Figures for 1891.                                                                 |
| Yang-Chow... ..                                                                | 22  | 1871     | D. DUNCAN MAIN, 1881 ...<br>M.B., Edin.<br>A. T. KEMBER, 1894 ...<br>L.R.C.S., L.R.C.P. Edin.                | 106          | 642                 | 35801                | 782              | 1057        | Also a Leper Hospital.                                                            |
| Unlocated ... ..                                                               |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Sai-Chow ... ..                                                                | 23  | 1893     | H. HICKIN, 1887 ...<br>M.B., C.M., Glas.                                                                     |              |                     | 3644                 |                  |             |                                                                                   |
| ORTH PACIFIC.<br>Metlakhtla...                                                 | 24  | 1889     | VERNON ARDAGH, 1887 ...<br>L.R.C.P., L.R.C.S., Edin.                                                         | 10           | 25                  | 1880                 |                  |             |                                                                                   |
| There are also two Medical Missions in charge of Native doctors, viz.:—Tank... |     |          |                                                                                                              | 16           | 165                 | 25620                | 168              | 1907        |                                                                                   |
| Salt ... .. Dr. SALEEBY ... ..                                                 |     |          |                                                                                                              |              |                     | 7369                 | 1793             | 21          |                                                                                   |
|                                                                                |     |          |                                                                                                              | 576          | 4317                | 368663               | 5480             | 11324       |                                                                                   |

## PROPER FORMS OF A BENEFACTION BY WILL.

No. I.—*Form of a Bequest of a Common Legacy.*

I give and bequeath to the Treasurer for the time being of the Church Missionary Society for Africa and the East the sum of                      Pounds  
*free of Legacy duty*\* for the Medical Mission Fund of the said Society such  
sum and the duty thereon to be paid within                      calendar  
months next after my death. And I declare that the receipt of the Treasurer  
for the time being of the said Society shall be an effectual discharge for the  
said Legacy.

No. II.—*Form of Bequest of the Residue, or a Share of the Residue.*

I give and bequeath unto the Treasurer for the time being of the Church Missionary Society for Africa and the East for the Medical Mission Fund of the said Society *my Residuary Real and Personal Estate* [or if a share only of the Residue is intended to be given, then, instead of the words in Italics, say "such sum of money as shall be equal to one-fourth or one half (according to the intention) of my whole Residuary Real and Personal Estate."] And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Residue [or sum of money as the case may be]. And as to the remainder (if any) of my general Residuary Estate I bequeath the same, &c.

N.B.—If the Testator desires to preclude the liability to increased legacy duty which attaches by law to legacies payable wholly or partially out of real estate, the following forms should be used instead of the foregoing:—

No. 1A.—*Form of a Bequest of a Common Legacy.*

I give and bequeath to the Treasurer for the time being of the Church Missionary Society for Africa and the East the sum of \_\_\_\_\_ Pounds *free of Legacy duty*\* for the Medical Mission Fund of the Society such sum and the duty thereon to be paid within \_\_\_\_\_ calendar months next after my death out of my Residuary Personal Estate and (if and so far only as the same may be deficient) out of my Residuary Real Estate (so as between such Real and Personal Estate to be payable primarily out of such Personal Estate and for that purpose my debts and funeral and testamentary expenses shall if and so far as necessary be paid out of such real Estate). And I declare that the receipt of the Treasurer for the time being of the said Society [or each of the said Societies] shall be an effectual discharge for the said legacy [or legacies respectively].

No. IIB.—*Form of Bequest of the Residue or a Share of the Residue.*

And subject as aforesaid I give and bequeath unto the Treasurer for the time being of the Church Missionary Society for Africa and the East for the Medical Mission Fund of the said Society *my Residuary Real and Personal Estate* [or if a share only of the Residue be intended to be given, then, instead of the words in Italics, say "such sum of money as shall be equal to one-fourth or one-half (according to the intention) of my whole Residuary Real and Personal Estate to be paid out of my Residuary Personal Estate] and (if and so far only as the same may be deficient) out of my Residuary Real Estate (so as between such Real and Personal Estate to be payable primarily out of such Personal Estate and for that purpose my debts and funeral and testamentary expenses shall if and so far as necessary be paid out of such real Estate)." And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Residue [or sum of money as the case may be].

\* If so intended.



# Church Missionary Society.

---

## Medical Mission Quarterly.

No. VIII. OCTOBER, 1894.

---

“Jesus went about all Galilee, **teaching** . . . and **preaching** . . . and **healing** all manner of sickness and all manner of disease. And His fame went throughout all Syria, and they brought unto Him all sick people that were taken with divers diseases, . . . and **He healed them.** And there followed Him great multitudes of people . . . And seeing the multitudes He went up into a mountain . . . and taught them.”—*Matt. iv. 23, 24, 25, and v. 1 and 2.*

---

*All communications should be addressed*

THE SECRETARY, MEDICAL MISSION FUND,

*C.M.S., Salisbury Square.*

---

LONDON :

CHURCH MISSIONARY HOUSE, SALISBURY SQUARE, E.C.

## Medical Mission Committee.

T. E. BURTON BROWN, Esq., M.D.,  
C.I.E.

ALBERT CARLESS, Esq., M.B., M.S.,  
F.R.C.S.

THOMAS CHAPLIN, Esq., M.D.

EDMUND DOWNES, Esq., M.D.

C. F. HARFORD-BATTERSBY, Esq.,  
M.D.

W. J. VAN SOMEREN, Esq., M.D.

F. P. WEAVER, Esq., M.D.,  
M.R.C.P.

MAJ.-GEN. HUTCHINSON, C.B., C.S.I.  
GENERAL LAWDER.

HENRY MORRIS, Esq.

REV. H. C. SQUIRES.

F. PETERSON WARD, Esq.

HERBERT LANKESTER, Esq., M.D.,  
*Secretary.*

Subscriptions and Donations, either towards the General Medical Mission Fund or towards the expenses of any special Hospital, may be sent to the Secretary of the Medical Mission Fund. Cheques and Postal Orders should be made payable to the Lay Secretary, GENERAL C. COLLINGWOOD.

Money sent to support Cots will be immediately forwarded in accordance with the wishes of the donors.

## CONTENTS.

|                                                                 | PAGE |
|-----------------------------------------------------------------|------|
| EDITORIAL NOTES .. .. .                                         | 3    |
| MEDICAL WORK AT GAZA. Letter from the REV. DR. STERLING ..      | 5    |
| SOME NOTES ON SURGICAL ECONOMY IN HOSPITALS. By DR. A. NEVE ..  | 9    |
| PLAN OF MISSION HOSPITAL AND LEPER ASYLUM AT PAKHOI .. ..       | 13   |
| PAKHOI MEDICAL MISSION .. .. .                                  | 14   |
| ADDRESS BY DR. MARCUS EUSTACE at Exeter Hall, May 18th, 1894 .. | 15   |
| NORTH PACIFIC MEDICAL MISSION. Letter from DR. ARDAGH .. ..     | 18   |
| NEW WOMEN'S HOSPITAL, HANG-CHOW .. .. .                         | 20   |
| REPORT OF THE BOYS' BRIGADE BRANCH .. .. .                      | 21   |
| STATISTICS OF C.M.S. MEDICAL MISSIONS FOR 1893 .. .. .          | 23   |
| PROPER FORMS OF A BENEFACTION BY WILL .. .. .                   | 24   |



## EDITORIAL NOTES.

---

**G****AZA Mission Hospital.**—We print part of a long letter from Dr. Sterling, of Gaza Mission Hospital, the remainder—which is less medical—is printed in the October number of the *C. M. Intelligencer*. Hardly any of the beds in the Gaza Hospital are endowed, and though we hope our Juvenile Branch will soon be able to have a cot there, yet we would call our readers' attention to Dr. Sterling's appeal on p. 7, that some friends will endow a bed at the rate of £10 a year. If individuals cannot give the amount required, cannot some one form a branch of the Medical Mission Fund in connection with their parish or village with this object in view?

---

**Cost of Medical Missions.**—It does cost more in pounds, shillings, and pence, or in dollars or rupees, to heal a man's bodily sickness and preach the Gospel to him, than if the former were omitted. The Society endeavours to plant its Medical Missions where there is some difficulty in making known the Gospel, and it believes that if the Medical Missionary is able by his demonstration of love and skill to so preach the Gospel that the people will listen, where no attention is paid to the ordinary ordained or lay missionary, then surely the extra money is well spent.

Under this heading we would call attention to a paper by Dr. A. Neve on "Surgical Economy in Hospitals," which was communicated in the first instance to the Edinburgh Medico-Chirurgical Society. We print it because it shows that our Medical Missionaries are doing their best to carry on their work upon economical principles without sacrificing its efficiency. Sometimes expensive drugs and dressings must be used, but wherever others are equally effective they are supplied.

---

**Pakhoi Medical Mission.**—Some months back several of our Medical Missionaries were asked to send simple plans of their Mission buildings. A very plain and useful one has arrived from Pakhoi, prepared by Dr. Horder in conjunction with the Rev.

E. B. Beauchamp. On p. 13 will be found a reproduction of the plan on a reduced scale. The buildings are extensive, but we gladly recognise the fact that they have been built practically without drawing on the funds of the Society. Several of the beds are supported by friends, and the St. Mary Abbot's Branch of the Juvenile Medical Mission Fund is now supporting another.

---

**A Leper.**—When a Christian hears this word there should not be any feeling of loathing, but only of the deepest sympathy. Pain may be alleviated, the progress of the disease may be to some extent checked, but that is all; surely with every Christian there must be some of the “suffering with” which is true sympathy. We feel that though they are here on the earth still, yet there is no hope. No hope! It almost seems an essential part of the meaning of the word. Many are specially interested in work amongst the lepers, and we would remind them that we have at least three Leper Hospitals—one at Pakhoi, of 60 beds, as shown in the plan; another at Hang Chow, in which there were 54 patients last year; and there is another in connection with the Kashmir Hospital at Srinagar.

---

**Boys' Brigade.**—Two years ago a special branch of the Auxiliary was formed in connection with the Boys' Brigade, and though there are many companies connected with churches which support the C.M.S., yet only sufficient has been received to support two cots at Amritsar. This mission has been chosen as Dr. Arthur Lankester was for two years an officer in the 13th London. In some of the Amritsar lantern slides we can distinctly make out the crest of the Brigade over one of the beds. Will friends do what they can to bring this special branch before officers of the Boys' Brigade.

---

**Extension.**—Some new Medical Missionaries are coming forward, new Missions are being opened, and the work at the old-established ones is going on with increased energy. This all means that more help is needed from home. A few branches of the Fund have been formed, but we want to have a branch in every large town in the kingdom. Will C.M.S. workers communicate with the Secretary wherever they think there is an opening.



## MEDICAL WORK AT GAZA.

LETTER FROM THE REV. DR. STERLING.

**D**URING the past fifteen months 18,767 patients have been registered. This will give an idea of the greatness of the work, notwithstanding that it has been somewhat curtailed in order to get opportunity for the study of the language. The Hospital has been in full working order about half the time. As yet we have no firman for it, and the authorities have it in their power to close it, and harass us much in other ways, but I am thankful to say friendly relations have been maintained.

Dispensary is held three days in the week, on Mondays, Wednesdays, and Fridays. We begin at eight o'clock with divine service for the patients; our native pastor officiates. A portion of God's Word is read and expounded, with special reference to the Mohammedan question.

The patients are most interested in the address, and it comes as a revelation to most of them. The service lasts about half an hour, and is concluded with prayer for all men (1 Tim. ii.). I cannot speak in too high terms of the manner in which the addresses are given. Our aim is to reach the souls of the people by ministering to their bodily ailments, and they are thus directed again and again to the Good Physician of soul and body. After the address the pastor engages the patients in conversation, meeting their difficulties and answering their objections, so that no opportunity of giving God's message is lost. A remarkable testimony to the value of Medical Missions is thus seen in the fact that large numbers listen day after day to the Divine plan of salvation without dissenting from it. This great boldness in preaching the Gospel may not seem remarkable, but let it be remembered that the falsity of the Mohammedan religion is necessarily implied.

After service we begin to see the patients. I say we, because I am assisted by two lady workers, Miss Patching, who is a trained nurse, and Miss Campbell, who has just come among us from Jerusalem, and until recently Miss Beddells, who has gone to join Dr. Wright, at Nablus, also a dispenser with his assistant.

We are all kept actively employed, the morning being all too short. The numbers average about 100 each dispensary day; once they reached 159, often there have been 140. Dressings, painting of eyes, operations have to be done, and a record of the work kept.

There is a great difficulty in understanding the people. You ask a patient what he complains of, and you get the figurative reply, "Ras kalbi" ("The head of my heart," or as it is often mispronounced, "the head of my dog"). You ask another, "How are you to-day?" and he replies, "Allah Yahfathik" ("God keep you"). You ask the mother about her child, and she replies, "How should I know? you are the physician." Perhaps she says the child has fever, a term one soon learns to recognise, as used for all ailments accompanied by an increase of body temperature. Patients with pronounced diseases, giving rise to marked symptoms, never seem to recognise the nature of their

illness, or to connect them with the organ implicated; as for instance, a man emaciated with chronic dysentery only gives a history of headache and fever. It is, however, only by applying a succession of questions that the necessary information is elicited to enable one to form a correct diagnosis, and then you find that it is some ordinary ailment, the symptoms of which are not associated in the mother's mind with the cause of the sickness.

There is no school of anatomy nearer than Beyrout, and the ignorance which is displayed by all alike is simply amazing. One patient in the Hospital, possessing the average intelligence, suffering from an enlarged spleen, used after taking his quinine to lie on his left side, believing that it would go direct to the seat of the disease.

The Effendis are very fond of relating remarkable deeds done by physicians of their acquaintance, but unfortunately for the veracity of their statements, they are incompatible with anatomical and other scientific facts. The Arab has an innate love of the marvellous, and delights in romance. All alike spend their evenings in talking and smoking, so that there is a fair field for the play of imagination and exaggeration. Conversation and observation constitute the sole source of enlightenment; for books there are none save the Koran.

Diseases are often attributed to fictitious causes, such as fright. How did the disease begin? (Min kaw) "From fear," or (Min Allah) "from God," when in reality they have brought them upon themselves. The treatment also receives most curious measures at times, of which fire and blood-letting are most general. The simplest forms of hygiene are regarded with abhorrence by many; the warm bath, the flannel bandage, the application of water to the head and eyes of children, are looked upon as unnecessary adjuncts, and viewed with suspicion. Numberless cases of partial and complete blindness could have been averted by the timely application of water in infancy, childhood, and even manhood. The majority do not think of seeking relief until the disease has well-nigh done its worst.

I was called to see a poor woman some time ago. It was a case where operative interference was absolutely necessary for her safety. With the greatest difficulty I prevailed upon her to consent to take chloroform. She calmly informed me that if anything went wrong I would be responsible. However, all went right, and her fee was returned.

The diseases met with may be tabulated in the following order according to their prevalence. First and foremost come diseases of the eye, and among them the granular affection of the lids called "Trachoma." It is almost exceptional to see a sound pair of eyes. No doubt the heat, the flies, and the dust contribute to this state of things. Parasitic diseases, such as ringworm of the head and body, is also endemic. Malaria, with its attendant evils, as ague-cake, that is when the spleen is enormously enlarged, and the so-called pernicious forms are often met with.

The Malaria is to be attributed to the drinking of stagnant water, as it is not unusual, in many of the villages, to see the people wash



themselves, their clothes, and give water to their animals at the same pond at which they themselves drink. Perhaps a piece of muslin is put over the mouth of the jar for the purpose of filtration, but even this last is seldom done. The mud huts, too, in which the people live, void as they are of ventilation, must also be conducive to malaria. Specific disease is terribly prevalent, one might almost say general. The cause is to be found partly in the social customs of the people. It is considered an honour to receive the half-smoked cigarette of a friend, whilst the Narghele is smoked by all in turns, the women being as inveterate in the habit as the men. When a cigarette is handed to you it is often lit beforehand, no doubt with a kindly intent. The large round worm resembling the garden worm is also quite general. Dyspepsia, too, is very prevalent. It is caused by the irregular habits of the people in regard to their diet, often only taking one large meal in the evening with immense quantities of fruit. Two Bedouin came to the dispensary recently; one of them, a young man, complained of vomiting his food. I asked him of what his meal consisted. His friend replied, and no doubt truthfully, "A stuffed sheep and many loaves of bread." The sheep are not so ponderous as those seen in England. Then comes dysentery, hepatic abscesses, Bright's disease, and the ordinary ailments which are met with at home. Isolated cases of leprosy are occasionally seen. There is at present a leper coming regularly to the Hospital to have the stump of his hand dressed. Alas! poor fellow, both his hands are gone, yet he is nevertheless very happy and very grateful. I also saw two cases in one of the villages recently. Cancer is most rare. Leeches are often found in the throat and nose (having been swallowed in the water), where they stick and attain a great size until they are forcibly extracted.

Recently an old man came from some hours' distance with dropsy and jaundice. He was very ill, but on being tapped his condition temporarily improved. I felt anxious about him, but he said he wanted to stay, and that if he was going to die he would die with us. He left, however, some time after, much relieved. This is only one of many instances which have occurred where the patients have refused to leave the Hospital. There is accommodation for about fifteen patients at present, although we have only a grant for ten. The number, however, is often exceeded, because of the demand which is made and the difficulty of turning them away.

We hope to build a women's ward and other rooms on the roof of the Hospital as soon as the necessary leave from the Government is obtained, which is always a difficult matter. There will then be accommodation for about thirty patients. The cost of a bed for the year is about £10. *Who will endow one?* The late General Gordon took up his residence in the Hospital some years ago. The bed or ward might appropriately be named after him.

The Hospital takes up a good deal of time and attention. The in-patients have morning and evening service, which is conducted in a similar manner to that at the dispensary. The sick often come great distances on foot, on camels, on horseback, or on donkeys. A poor

Bedouin with diseased hip was brought a two days' journey just this week. His disease he regarded as a punishment for stealing goats.

The Hospital is a most valuable agency in Mission work; by its means the patients are brought more intimately in contact with us, and besides the additional opportunities which it affords for teaching, they learn something of the practical side of our religion, and that is not the least important. The in-patients often comprise the Fellaheen, Bedouin, Moors, Egyptians, Copts, Hindus, and sometimes a European.

I have recently begun a regular weekly visitation of two of the most important villages north of Gaza, namely, Mejdal and Ashdod, both villages having a population of four to five thousand. On Friday, after dispensary and a little rest, I left in company with the native pastor. Ashdod is six hours' ride distant, and about half way to Jaffa; Mejdal four hours'. Half of the ride was by moonlight. A gazelle and a hyena showed themselves on the way, not, however, in company. We spent the night at the Ashdod Mill, and as the people had been apprised of our arrival, in the early morning crowds of sick were awaiting us.

After an early breakfast the deacon began to address them, and gave them many quotations from the Koran, to which they always listen attentively. Then began the long and arduous task of seeing the sick and dispensing of medicine, painting of eyes, etc. Fortunately we had a large supply of the most necessary drugs in the shape of powders, pills, mixtures, ointments, etc., as ready as possible for distribution; but our supply was scarcely equal to the demand made by 303 patients, some of whom had to take only a proportion of what they ought to have had. There was much malaria and eye-disease. After seeing the sick and partaking of some food, we rode off about noon for Mejdal in a burning sun, not tempered by breeze or shade.

Our dispenser had been waiting us there for some hours; 161 patients were treated, making a total of 464 in the day. After despatching a water melon, we began our homeward journey, reaching Gaza about nine o'clock at night.

In both of the places we need a dispensary and waiting-room; in fact, a medical man ought to be stationed at one or both of them, as there are other villages also of importance within easy distance of them. *Will any one start the work in these ancient Philistine towns?* The mill premises at Ashdod are for sale; they would answer our purpose admirably. Christian workers could be placed there, and a thorough Mission station established. There is plenty of space to meet all requirements, and the ground with the premises can be obtained at less than cost price, as the mill does not pay. The price asked is £900, but I think it could be obtained for less.

A thoroughly well equipped and organised itinerating Medical Mission would be of inestimable service for the futherance of the Gospel in these parts. The Bedouin and Fellaheen would be brought in contact with the Gospel, who at present, except in isolated cases, are not within reach. The staff should consist of a doctor and clergyman or catechist. Tents and baggage would be indispensable.



# SOME NOTES ON SURGICAL ECONOMY IN HOSPITALS.

BY ARTHUR NEVE, F.R.C.S., &c., &c.

This paper was communicated to the Medico-Chirurgical Society of Edinburgh by  
MR. CATHCART on 4th July, 1894.

IT will be freely acknowledged that in Hospitals economy is secondary to efficiency; and, indeed, that efficiency is essential to true economy. But efficiency may be and often is combined with waste and extravagance.

If surgeons of British Hospitals had to raise and administer the funds as well as care for the patients in their surgical wards, I venture to think they would study both sides of the question, as the surgeons of the Kashmir Mission Hospital have to do. The cost of dressings has enormously increased with the introduction of antiseptic surgery. Dr. Joseph Bell has pointed out that while in 1854 the surgical dressings, etc., in the Edinburgh Royal Infirmary cost £286, in 1891 they cost £2,821, "an altogether astounding increase in expense."

For the sake of comparison I tabulate the statistics of the Kashmir Mission Hospital alongside those of the Edinburgh Royal Infirmary for 1891-2:—

|                                      | E. R. I.   | K. M. H.      |
|--------------------------------------|------------|---------------|
| Total operations .. .. .             | 2,171      | 2,198         |
| In-patients .. .. .                  | 4,360      | 619           |
| Average residence .. .. .            | 25 days    | 18 days       |
| Cost per patient .. .. .             | £4 7 3½    | £0 7 8        |
| Surgical dressings, bandages, &c. .. | £2,821 0 0 | About £17 0 0 |
| Mortality .. .. .                    | 119        | 8             |

It will be at once noticed that a very large number of our operation cases are treated as out-patients. The explanation that such were minor operations would not be altogether correct. The Hospital suburb is always full of our patients, many of whom have religious or social prejudices against becoming in-patients. Four or five cases on whom major operations have been performed are daily brought as out-patients. Apart from the *eye* operations which bulk so largely (881 cases), about 650 might be reckoned as major operations.

The difference between the cost of the average Scotch and Kashmir patient is, of course, mainly due to the cheapness of food and the low rate of wages in this country, where rice can be bought for ½d. per lb. So that £2 10s. a year would feed one adult Kashmiri. For the same reason wages are low, and the total cost of our seventeen dressers and servants is only £100.

On the other hand, the bedsteads, blankets, sheets, and surgical dressings have to be procured from England with the extra expense of 5,000 miles of sea and 1,500 miles of land carriage.

Obviously if we used the same surgical dressing materials in the

same proportion as in Scotland the cost of dressings for the Kashmiri patient would be greater than for the Scotch patient, amounting certainly to not less than £500 instead of the humble £17.

The expense of our surgical dressings may be thus analysed :—

*Bandage cloth*, 800 yards, costing £6 13s. This represents about 2,500 bandages, most of which are washed twice, and so represent about 7,500 bandages. As we apply not less than 10,000 dressings a year, it appears that the same bandages are sometimes re-applied. The cost of washing them is about £2 a year. If new bandages were each time used the total cost would be at least three times as great. Bandages from special cases, such as gangrene, erysipelas, or leprosy, are all burnt.

*Muslin* for the sawdust pads, of which I give further details below, costs, with the making up, about £4. This makes about 2,000 pads, which are rewashed like the bandages.

*Cedar sawdust* costs about 6d. per cwt. if it has to be bought, but we preserve the sawdust of our own timber used in building. Probably 6 or 8 cwt. of sawdust, serves us for the year.

*Cotton wool* costs about 3d. a lb., and of the local product we use about 100 lbs. for various purposes.

The chief remaining items of expense would be Salalenbroth wool, about 20 lbs., and a few packets of cyanide gauze, also a few pounds of surgical lint, with the usual et-ceteras, protective, macintosh, etc.

The chief requisites in a surgical dressing are that it should be aseptic, antiseptic, absorbent, comfortable, cheap, and easily applied. Of late years Salalenbroth cotton wool and wood wool have become the popular and staple Hospital dressings. And it may be readily acknowledged that they fulfil satisfactorily most of the chief indications except that of cheapness. Sir J. Lister has pointed out the drawbacks to corrosive sublimate deep dressings, the readiness with which serious discharge neutralises the antiseptic properties, the over solubility leading to the mercury being washed out, or to irritation of the skin. For these reasons the cyanide of mercury gauze, which is soft and very absorbent as well as antiseptically stable, will grow in popularity. But all these materials are expensive. Where, as in the receptions of discharges from suppurating joints, or diseased bone, or psoas abscesses, antiseptic and absorbent dressings are needed in bulk, the cost of each dressing is considerable.

If we were to replace all our antiseptic sawdust pads by Salalenbroth wool the cost would be about £75 per annum, instead of £4 10s. The pads are a most efficient and easily applied dressing. Muslin, somewhat close in texture to avoid the sawdust dusting through, is made into bags from 4 or 6 to 12 inches square; these bags are soaked in corrosive sublimate lotion and dried. Cedar wood sawdust (or pine sawdust) is also moistened with the lotion and dried. With this the bags are loosely filled, so as when laid flat to be from  $\frac{3}{4}$  inch to  $1\frac{1}{2}$  inches thick, according to the size of the bag. In applying them we frequently moisten the deeper layer with carbolic lotion.



The pads are admirably suited for use with the zinco cyanide of mercury. A given quantity of the mercury is stirred into some 1-20 carbolic in a tray, a few drops of aniline dye are added, and the bags are then placed flat in the tray. The sawdust in the bags should not have been medicated previously. The prepared bags may be placed to dry in a special box, or used fresh in their moist condition. It is not necessary to soak the whole bag. The dye shows which is the prepared surface. Of course, these pads can be used, and are indeed usually used with other materials. For example, if a tumour has been excised and the wound sutured, we then apply two or three folds of cyanide lint (prepared as suggested by Lister) and cover the wound with a prepared cyanide pad. If there were oozings the pad would absorb 8 or 10 ounces of discharge, and the evenly adjusted pressure of the bag is useful, acting almost like a splint. In dressing an amputation wound the pads would be used below, where most of the discharge will gravitate, while above absorbent wool would be used.

For special cases, such as psoas abscesses with abundant discharge, extra large bags are easily provided. And for some cases similar bags, 2 feet square, are laid in the bed to protect the sheets. The pads have less drying properties than absorbent wool, which sometimes dries in such a way as to form a crust under which the discharge is pent up. This never occurs in the pads. The discharge is so uniformly absorbed that usually not a drop of matter will escape to the surface or until the entire sawdust is soaked. Here again they are superior to absorbent wool, which frequently allows even a small amount of discharge to penetrate directly to the surface instead of diffusing itself.

Both the muslin of the bags and the bandages are boiled, washed, and used again. After coming from the wash they are soaked for forty-eight hours in corrosive sublimate lotion. So that there is no risk of sepsis.

These bags are used by us in padding many kinds of splints, especially for macintyre splints. When once the preparation and use of the bags has become a matter of routine one finds them *more convenient* than any other dressing for most operation cases. During the last few weeks, with several hundred operation cases from ovariectomy, hernia, lithotomy and amputations to scrapings of ulcers or incisions of abscesses, I do not recall a single case (except eye operations and a few minors) in which bags were not used.

The two following cases may serve as examples of the application of zinco-cyanide sawdust pads:—

A. G., acute suppurative periostitis of femur; operation August 5th, 1893, drained and irrigated. Two-thirds of femur bare, and disease is of thirty days' duration, so necrosis seems probable. Applied two pads and covered with macintosh. Wound dressed August 6th, 9th, 11th, 14th, 17th, dismissed cured August 21st. In this case there was abundant discharge, at first soaking both bags, but it rapidly ceased. Altogether fourteen bags were used at a total cost of less than 6d. With wood wool dressings this case would have cost at least 6s.

M.D., carcinoma of foot, amputation, upper of third leg. Dressed August

11th, 14th, 17th, 20th. Altogether six bags were used, a few strips, perhaps half a yard, of (locally prepared) zinco cyanide lint, and  $\frac{1}{2}$  lb. of locally prepared absorbent cotton wool. So that the total cost, including six bandages, six pads of lint, and absorbent cotton wool, did not exceed 1s.

I have at different times made experiments with the pads prepared in various ways, and then soaked with blood or serum and kept in a warm moist place. They have been kept for periods up to ten days, remoistening after a few days, and inoculating with septic pus, but without septic odour, and even blood clots mixed with the sawdust became dessicated aseptically. These experiments require bacteriological confirmation by cultivation tests, but they agree with the results of clinical observation.

*Cotton wool* in the ordinary commercial form here costs 3d. a lb. But before being suitable for use except merely as a padding it requires to be rendered absorbent. I should like to know a simple way of accomplishing this. After trying various plans I now merely have it boiled with various alkaline ingredients and soap by the washerman, after which it is carded. It will not sink in water if a pledget is dropped on the surface, but it is suitable for artificial sponges, and if bandaged on a discharging wound absorbs the discharge fairly well.

The dressing of all in-patients is invariably directed by Dr. E. F. Neve or myself, and the assistants are taught to re-use any unsoiled portions of the old dressings in the outer dressings. Perhaps this may seem over-economy, but in careful hands with a knowledge of antiseptic surgery it is safe. It would be foreign to my present purpose to go into the subject of simple and readily adjustable forms of splints, although such are a real economy, and it is important that young practitioners should be familiarised with the use of easily obtainable and cheap appliances.

We find wooden laths and hoop iron useful, as they can be readily cut and bent to required shapes. But we also use to a large extent bracketed splints of local manufacture. A Kashmiri made Macintyre splint costing five shillings is almost indistinguishable from the English article.

## PAKHOI MEDICAL MISSION.

**W**E have received some photographs of lepers from Mrs. Horder, but though we are not able to print them, yet the accompanying description gives some idea of the good work that is going on in the Pakhoi leper wards.

No. 1.—Shin Tak', a dying leper, aged 21, received into the Asylum, *November*, 1892, having contracted leprosy four years previously. During the last year he has been almost confined to his bed. On July 18th last, Mr. Beauchamp, at the boy's earnest request,



A PENTONVILLE  
 B BEAUCHAMP  
 C BOEFMAN & DUDLEY  
 D HUGGLECOTE  
 E RAMSGATE  
 F HARPENDEN  
 G BERMONDSEY  
 H STREATHAM  
 I STREATHAM  
 J STREATHAM  
 K STREATHAM  
 L STREATHAM  
 M RAMSAY

# MISSION HOSPITAL

AND

## LEPER ASYLUM

AT

### PAKHOI

IN CONNECTION WITH

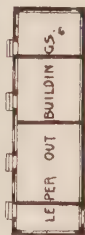
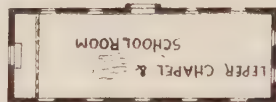
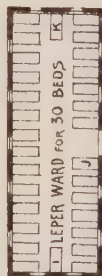
*The Church Missionary Society*

*Edw. Beauchamp & Hoden*

TO THE PLAIN

TO PAKHOI TOWN

TO PAKHOI TOWN



1886 HOSPITAL BUILT  
 1891 CHAPEL & TEMPORARY LEPER WARD BUILT  
 1894 HOSPITAL EXTENDED & LEPER COMPOUND ADDED  
 COST OF GROUND & BUILDINGS \$13 000  
 FROM BISHOP BARROWS FUND \$6 700  
 PRIVATE FRIENDS \$6 100  
 GRANT FROM C.M.S. \$ 200  
 13 000

PAKHOI, 1894.

SCALE 8 FEET ONE INCH

baptized him on his bed, and he received the name of Silas. Two days later the photograph was taken, which gives some idea of his emaciation. The last few days his sufferings have been very great, and the Lord released him from this earthly tabernacle at 1 a.m. this morning (August 6th, 1894), and he is now at rest! What a truly glorious change for him. Mr. Beauchamp conducted the funeral service in the verandah of the Hospital (the new Leper Chapel not yet being finished), at 9 a.m., all the Christian lepers attending. The latter performed the last offices for poor Silas and carried him to his grave. We laid him close to Anna, our first and only leper woman convert, who died two years ago. The father of Silas died from leprosy last summer, and the brother, also a leper, is now in the Asylum, and attended Silas to the last.

No. 2.—Sai Moon, another of the Christian lepers. He has lived on and off at the Asylum for four years, and was baptized in 1891. He is a consistent Christian and was Dr. Horder's right-hand man in the leper ward. Now, sad to say, leprosy has broken out all over his body in a terrible manner, and he is a wreck of his former self. He was sitting on his bed when this photograph was taken two weeks ago. Since Dr. Horder left two months ago for a compulsory rest, his features have so altered as to be almost unrecognisable. He is very ill and I fear may not live till Dr. Horder returns.

No. 3.—Pei-tak, another leper Christian, reading his Testament. Last June he was allowed to visit his home, and shortly after his return developed small-pox. He was isolated at once, and, fortunately, the disease has not spread. He has just returned to the general leper ward.

No. 5.—An old leper woman aged 70 with her leper grandson, both applicants for admission, but, sad to say, we have no accommodation for leper females, and the male ward is full. This woman has lost nearly all her fingers on her left hand; the boy's ears and face are chiefly affected.

No. 5.—A typical case of tuberculous leprosy on the face. This boy has now been under treatment for two months, and the swellings are greatly reduced in size.

Nos. 6 and 7.—The poor man who got his back severely burnt from the upsetting of a lamp during a quarrel in a gambling den; he has been with us a month and is now almost well, praise God. The Opium Smoker, who was more severely burnt (about whom I wrote previously), died after living at the Hospital for two weeks. This youth is quite destitute and does not possess a coat, or we would have photographed him in one. I am having one made for him to-day.

---

Mrs. Horder finishes her letter with a sentence which many Missionaries will re-echo: "We long to hear that another doctor is on his way"; and in a later letter (dated July 20th), she says: "At the present time, the large Mission Hospital here and the Leper Asylum (full to overflowing) have no doctor at the head, only Mr. Beauchamp, his wife, and myself, with the help of our two catechists, to attend to



the spiritual and bodily needs of the many patients who daily seek relief from their sufferings. Surely this ought not to be! We are thankful that Dr. Horder has taught us much as he has, but then we are very incompetent, and the anxiety and strain are very great. The Lord has helped us wonderfully, and He has graciously allowed us to be the means of healing many. Daily we have to tell patients that we can do nothing for them; either the case needs a surgical operation or is otherwise beyond us."

---

## ADDRESS BY DR. MARCUS EUSTACE

AT THE C.M.S. MEDICAL MISSIONARY MEETING, *May 18th, 1894.*

I HAVE been asked to press on you Christian people the necessity that there is for supporting Medical Missions. It is a strange thing, indeed, that I should have to speak of such a necessity, because any person who is a Christian and reads his Bible must acknowledge that Medical Mission Work is right, and God-sent to this world. It is many years since the good Physician Himself gave the order to His disciples to go and heal the sick and preach the Gospel; but it is only within the last few years that Christian people in England and India, and indeed in the whole Christian world, have really taken Medical Mission work to heart, and that Medical Missions have become popular in the Christian Church. But the few Medical Missions we have got are, all of them, under-supplied with those necessities without which they cannot carry on their work as efficiently as they ought to do.

Some years ago it was thought that in order to establish a Medical Mission, all that had to be done was to find a worthy Christian Doctor, and send him out without drugs or instruments, without anything excepting a bleeding lancet and a box of blue pills probably. Well, all cases of illness cannot be bled, and a blue pill is not a panacea for all diseases. Any one who will read our Medical Mission reviews and private letters will see continually written down "If we only had the means we could do so much more." So much more what? So much more preaching? No, not that. So much more travelling or itinerating? No. So much more Bible selling? No. The proper thing that we want is the right drug and the right instrument for the disease, whatever it may be. If we had had sufficient money to have paid for a native to sit up last night with that man who had a broken leg, the man would not have got out of his bed with the result that his leg had to be amputated next morning. If we had not been out of quinine, a little child that I knew would not have died of fever. If the chloroform had not been too little for his requirements we would not have given undue pain to that little boy with a crushed hand. If we only had had sufficient food for our patients we should not have had to send the sick

and dying from our doors. To bring it home to yourselves, how would any man here, husband or father, like to bring his wife or sick child one hundred miles to see the only doctor in the whole country, and reach the goal that he had looked forward to through a long and weary march only to find the Missionary's box empty, and the little hospital closed? Or how would you feel, my friends, as a patient under such circumstances? But how much must the doctor feel.

When I was in a certain place in India, from 1889 to 1890, I had twenty hospital beds, and I had to send away ten cases every day that ought to have been in the hospital. During a long time our dispensary had to be closed three days a week because our drugs were short. When I was in Busrah twice as many patients applied as got relief. The doors of Quetta Hospital were closed for two months in 1892 because we had no money to buy food for our patients.

Now this state of thing should cease to exist. Unequipped and unfitted Medical Missions simply mean death for the sick, and heart-burning for the Missionary. Your Medical Missionaries are trained to be as good as your own medical men in the old country, and surely they are not to be tied down and rendered unable to give relief in sickness and rest when the patient is dying. Can you expect them to preach to the Heathen the gospel of the grace of God when those people's hearts are sore, and when the Medical Missionaries have to listen to their words, and are at the same time unable to give them relief? When Medical and Surgical science has advanced to such a pitch as it is to-day, can you wonder that the Medical Missionary is down-hearted when he sees his patient's wounds suppurating, and his surgical death rate high? Can you wonder that without the proper antiseptic dressings and the proper instruments with which to lower the death rate, he has not greater success in his work? Oh! the Medical Missionary deserves and requires your support because his need is greater than that of any other medical man. He must be ready to treat for every disease. At one time you will find him treating an ordinary first case, at another time performing one of the most advanced operations of modern surgery, at another time nursing a sick child, or in his room making meat extract for a bad fever case, and at all times speaking to those who will hear him of the great love of God for sinners. He has got no nurses, or at least very few, until he trains them. There are surely some Christian women in the old country who would be willing to give themselves to the work of nursing in our Mission Hospitals, and surely also there are people at home who would support them. We want your money. We cannot do without your money. But what is much more to the point, we want yourselves behind your money. If you could only see just one little bit of the misery your Medical Missionaries are relieving, day by day, you would become Medical Missionaries in heart and soul, if not by education.

There are a great many Christian people nowadays who say that dispensaries are good enough for Mission work, and that we need not go in for an expensive hospital. My friends, those people cannot get over that word "heal." You require a Hospital.



The work of the Medical Missionary is not the same as the work of a clergyman. The Medical Missionary's sermons are probably short, and may be unlearned. His pulpit is not built of stone, or brick, or wood, and it is not placed in a special building. His pulpit is at the bedside of the sick and dying, and his cathedral is his Hospital. You will see him working more by his actions than by his words. He is under the notice of everybody, and everybody is bound to watch him. You will see him, perhaps, leaning over a sick child and the father's eyes running tears, watching to see if there is any hope. You will see a terror-stricken wife watching when he leans over the husband, wondering, hoping, praying, that you will prove that husband's saviour, perhaps, and give back to her her all. I knew a father who came to me on his knees, when I was busy, and prayed me to go to his only daughter, who, he said, was dying. He said that if I went I was sure of recovery, but that if I delayed she would certainly die. I went to her and found that it was one of those cases of high fever. I tried every possible means I could to get that temperature down, but I could not get it down. Then I thought of a drug I had in a bottle of medicine in the dispensary that would probably be of great service in such a case as that. I gave it her, her temperature came down, and her life was saved. But if that bottle had been empty that girl would probably have died. As far as we know, there was no other power on earth that could have brought joy and gladness to that father's heart, or to that mother's heart. As far as we know, if that bottle had been empty, those three people at least would never have heard the Gospel, nor would the father have been set reading the Bible as he was led to do. Surely it is the duty of Christians at home to keep the bottles in our Missionary Hospitals and dispensaries full of those necessities, without which the very name of "Hospital" becomes a mere sham, and the calling of a Medical Missionary a disgrace.

We cannot do without our Hospital wards. They are absolutely necessary to us, for in them we have our great medical and surgical and spiritual success. A man who comes into such an Hospital for the first time in his life is brought into contact with the Missionary and the Scripture Reader, and if he can read, the Way of Life is placed in his hand. His heart will open to the Missionary doctor at his bedside, and he will tell him all his hopes and fears and history, and it is then easy for the doctor to sow that seed which will bring forth fruit to everlasting life. If it were only for the comfort that this work brings to those poor people, Medical Mission Hospitals are justified all the world over.

If Christian people at home really took Medical Missionary work to heart, the Medical Missionary would have the drugs and instruments, and everything else that he needs. He would not have to be almost broken-hearted at seeing the sick and dying sent away from the Hospitals, and the Gospel hindered by one-half of our Lord's command being laid aside. He would find himself as a strong man, armed and ready to run his race, and to restore hundreds of wives and children and fathers to health, who without his aid would have to pass into the

dark land whence there is no return. He would find himself ready to give sight to the blind, and relief and consolation and help to the suffering. The calling of the Medical Missionary is second to none. His credentials are from God himself, and he deserves the support of every man who calls himself a Christian, because he is obeying God's orders.

## NORTH PACIFIC MEDICAL MISSION.

LETTER FROM DR. ARDAGH.

**D**URING the summer I have been itinerating round to the various canneries, as usual, with Port Essington as a centre, in all sorts of weather and at all sorts of times, often landing or starting on my cruises in the dead of night.

This year my new large centre-board boat has served me in good stead in rough weather. I have endeavoured to attend to each of the eight canneries on the river once a week, and with but one or two exceptions I have succeeded in doing so, though the distance from one cannery at one end of cruising ground to another at the other is quite twenty miles.

A short time ago I was most anxious to visit Inverness and take a service there in Zimshian on a certain Sunday; but before I left Essington I decided to go up river on the Saturday evening previous and visit Aberdeen, where a great number of our Kitwangak Indians are at work, so taking with me Henry Edenshaw, the son of the chief at Masset (a Hydah), I went up with the flood tide about five miles. Having finished looking into cases there I started back about 7 p.m., called at Essington on the way down to put off a passenger, and about 8.30 set sail again with a strong S.W. head wind blowing. We had a pretty rough time in beating to windward down river. After going about five miles I had to run into the lee of the land and take in reefs, and then off again under shortened sail on two more tacks; then came, with the course lying in a narrow and sheltered passage, a hard pull for two or three miles till we struck a head wind again, whereupon we again endeavoured to beat, but we were too late on the tide, and the wind being too light we made little progress, and finding after two or three tacks that the new incoming flood tide was too strong for us we ran in, in the darkness close to shore, and dropped anchor about midnight, raised our boom and spread a sheet of drilling for a tent across it, lit our small coal oil stove, had a little supper, and turned in to sleep on the floor of the boat; but the mosquitoes were terrible that night, so that the next morning both Henry and I appeared as if we had developed measles during the night; however, we got a good wind on Sunday morning early, with which we dropped down to Inverness.

There were several cases of sickness to be attended to, after which I held a service in Zimshian for about forty Indians, assisted in the



singing by Miss Appleyard, who is stationed at this cannery. I was greatly rejoiced afterwards at being asked by some of the Indians if I would come again some other Sunday and preach to them again. In the afternoon Henry Edenshaw held a service in Hydah for Mr. Keen's people from Masset. After this, the tide being on the flood, and Henry anxious to be back to his work up the river, we again set sail and reached Essington about 7.30 p.m.

I was wishing the other day somebody could have taken a photograph of the "Isabel" made fast alongside the wharf at the North Pacific Cannery. It was a truly "Medical Mission" picture. There were four or five Indians ranged about in the boat, some with bottles, others with cups, waiting for medicine; the doctor sitting on one of the thwarts with his small medicine chest open before him, making up medicine and conversing with the patients or their friends with regard to both medicine for the body and that for the soul. Several other Indians and white men higher up on the wharf looking down upon us, seemingly amused and curious. However, soon work was done and sail had to go up again—"all aboard" for Inverness. I had a rough passage that day with very little help in the boat. Unfortunately I had taken with me for crew an up-river Indian who seemed to know very little about boats, though, perhaps, good enough in his native canoe. I had him sitting in the bow of the boat when a heavy squall struck us on our beam, a big sea was running at the time owing to the wind being against the tide. I called out to the man to "look out," but before he could shift his position I had to head the boat to the wind, and in doing so plunged her decked bow clear into a green sea, which "soused" the poor chap most mercilessly and gave me also a little sprinkling. He called out to me to shorten sail, but, of course, I could hardly do this single-handed practically, so I had to run the gauntlet as it were till I reached calmer water. I could multiply instances, as above, of dangers encountered, etc., but there is no need. I think people in the old country can never understand what it is to have no *roads* to travel on, nothing but the water highway, subject to sudden and violent storms; but this new boat of mine is one of the greatest blessings conferred on me through the Missionary Leaves Association.

I must try and tell you another time little conversations with Indians here and there, it will give you an insight into their character.

Thank God, that in spite of all inclement weather, camping out, and being dead tired over and over again, I maintain good health, though I often long to see some green fields and cottages again in the old country, everything here is so stern and rugged.

---

## NEW WOMEN'S HOSPITAL, HANGCHOW.

THE following account of the opening ceremony of the above is copied from the *North-China Daily News*:—"Last Tuesday was an occasion of great interest to the missionaries and Native Christians at this place. It was the formal opening of a new and separate building for a women's hospital under the immediate care of Mrs. Main. More than a year ago, an account of the opening of a leper hospital appeared in the *North-China Daily News* and since that time our indefatigable Dr. Main has added another building to his group of hospitals. At 3 p.m. the large ward in the main hospital, which has been used for several years as a women's ward, was crowded with guests. Then there were religious services and a statement regarding the new building participated in by three missionaries and three native speakers. Then the photograph of the company was taken, after which they were invited to partake of refreshments and inspect the new building. The cost of the building was \$3,000 and the furniture \$1,000, and the whole sum, except about one-eighth part, of it was raised by private subscriptions in China and Great Britain. It is two stories high, substantially built, tastefully finished and beautifully furnished, and has twenty separate beds in it. Under the skilful and devoted management of Dr. and Mrs. Main we predict for it a career of great usefulness.

"One very interesting feature of the occasion was the presence of ten mandarins on the ground, though they did not attend the public meeting. They were the Prefect and two Magistrates, the two highest military officers of the city, and other lower officials. After inspecting the new hospital they went to the dwelling house and told Dr. Main that they must see Mrs. Main before leaving. She with other missionary ladies assembled in the back part of the parlour, while the gentlemen were presented to the mandarins in the front part. The mandarins were very free and easy in their manners, and seemed anxious to talk, but they kept casting glances into the back part of the room, until finally the Prefect walked over and was introduced to the ladies. Only a few minutes elapsed then until the whole body of mandarins was talking to the ladies, and seemed to be having a good time.

"Afterwards they all went over the old hospital and made a rather thorough inspection of everything including the mannikin! They tried the new wire beds in the new hospital, and jokingly said to one another 'I must have one of these.' It is a wonder that the beds stood the trial in some cases, as some of them looked as though they would turn the scale at something like 300 lbs. They were also much interested in seeing how ulcers and amputated limbs were dressed, and the doctor had the bandages taken off and the parts redressed to let them see how it was done. They asked some of the patients if it hurt to have a leg cut off! They also enjoyed the little collation that was served for them. They came at 3 p.m. and did not leave until after 6 p.m. Some of them went to an entertainment given that evening at the Salt Commissioner's *yamen* and the next day he sent for Dr. Main to see his wife.



"The officials in this city have always been kind and attentive when we have had occasion to apply to them for their aid, but this is the first time, so far as known to the writer, in which we have met them in social intercourse."



BOYS' BRIGADE BRANCH.

WELL, boys! October has come round again! and to the officers as well as yourselves it brings with it thoughts and plans about a new session. The officers (and I hope the boys, too) are trying to find out how this coming session may be made more successful than the last. We hope for improvement all the way round—first and most especially in your lives, that they may become more pleasing to Him who died to save you; then also in your drill and general smartness, in your games, and last, but by no means least, in your interest in, and work for, Medical Missions. You will see by the list below that, as compared with last session, two more companies have contributed, and £2 18s. 6½d. more has been collected, but there was not sufficient to enable me to send out enough to support a third cot.

However, the two Boys' Brigade Cots started in 1893 will, by your help, be kept in constant use for another whole year; and with the amounts you give and collect this session, together with the balance in hand, I expect to be able to send out £24 next spring, and so have four cots supported by this branch.

A captain of one of the companies in the following list, in his letter sending the amount collected by his boys, writes:—"The matter of giving was presented to the boys in the light of a privilege, and their offerings, which were dropped in from time to time, unostentatiously and absolutely without notice from us (officers), are thus the contributions of the few but really interested members of our company. I feel we are debtors for the privilege of having even a small share in furthering such a blessed object."

Don't give, boys, to please the officers of your company, or to please me, but give (if you are able) because you know there are so many heathen children who are in pain and suffering, and who know nothing

of the Love of their Father in Heaven, and you really wish to help to lessen their pain and to tell them that there is One who loves them and died for them.

I have seen a photograph of the Children's Ward in the Hospital at Amritsar, and in one corner of the room one can see clearly a cot with the Boys' Brigade anchor and inscription painted on the wall at the head of it.

As perhaps this will get into the hands of some who know nothing about our B.B. Medical Mission Branch, I should explain that it is in connection with the Medical Mission Auxiliary of the Church Missionary Society, and the object is to increase the interest of officers and boys in Missionary work, and to support several "Boys' Brigade Cots" in one or more of the C.M.S. Mission Hospitals. The Secretary of the Branch is Mr. Cecil Lankester, St. Thomas' Hospital, S.E. (formerly of the 13th London and now of the 2nd Woking Company). He will gladly supply collecting boxes and cards or any information, and any contributions should be sent to him. A set of lantern slides illustrative of Medical work will be lent on application.

#### SUMS COLLECTED.

|                                                    |    |    |    |    |    |    | £                | s. | d. |
|----------------------------------------------------|----|----|----|----|----|----|------------------|----|----|
| The 8th Sheffield Company (and Sunday Schools) Box | .. | .. | .. | .. | .. | .. | 6                | 0  | 0  |
| „ 13th London Company Box                          | .. | .. | .. | .. | .. | .. | 1                | 8  | 8½ |
| „ „ „ Collecting Cards                             | .. | .. | .. | .. | .. | .. | 0                | 3  | 9  |
| „ „ „ Old Boys' Box                                | .. | .. | .. | .. | .. | .. | 2                | 10 | 9  |
| „ 1st Hartlepool „ and Old Boys                    | .. | .. | .. | .. | .. | .. | 1                | 10 | 8  |
| „ 1st Belfast „ Box                                | .. | .. | .. | .. | .. | .. | 1                | 7  | 6  |
| „ 6th Belfast „ „                                  | .. | .. | .. | .. | .. | .. | 0                | 12 | 0  |
| „ 1st Bath „ „                                     | .. | .. | .. | .. | .. | .. | 0                | 10 | 0  |
| „ 5th Darlington „ „                               | .. | .. | .. | .. | .. | .. | 0                | 7  | 0  |
| „ 3rd South Shield „ Collection at Bible Class     | .. | .. | .. | .. | .. | .. | 0                | 6  | 7  |
| „ 25th Edinburgh „ Box                             | .. | .. | .. | .. | .. | .. | 0                | 6  | 6  |
| „ 2nd Liverpool „ „                                | .. | .. | .. | .. | .. | .. | 0                | 5  | 0  |
| „ 1st Torpoint „ „                                 | .. | .. | .. | .. | .. | .. | 0                | 1  | 6  |
|                                                    |    |    |    |    |    |    | <u>£15 9 11½</u> |    |    |

We hear, just as we are going to press, that the sum of £6 at the head of the above list has been collected this year entirely by the Sunday Schools of the Parish Church, Sheffield—not by the B.B. Company.



# STATISTICS OF C.M.S. MEDICAL MISSIONS for 1893.

|                                                                                | No. | Founded. | Medical Missionary.                                                                                          | No. of Beds. | No. of In-Patients. | No. of Out-Patients. | Visits to Homes. | Operations. |                                                                                   |
|--------------------------------------------------------------------------------|-----|----------|--------------------------------------------------------------------------------------------------------------|--------------|---------------------|----------------------|------------------|-------------|-----------------------------------------------------------------------------------|
| AFRICA.                                                                        |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Lokoja ... ..                                                                  | 1   | 1890     | In abeyance.                                                                                                 |              |                     |                      |                  |             |                                                                                   |
| E. AFRICA.                                                                     |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Mombasa ... ..                                                                 | 2   | 1887     | C. S. EDWARDS, 1888 ...<br>M.R.C.S., L.R.C.P.                                                                | 50           | 207                 | 17000                | *                |             | * "Numerous."                                                                     |
| Mpwapwa ... ..                                                                 | 3   |          | E. J. BAXTER, 1877 ...<br>L.R.C.S., L.R.C.P., Edin.                                                          |              |                     |                      |                  |             |                                                                                   |
| Uganda ... ..                                                                  | 4   | 1891     |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| EGYPT.                                                                         |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Cairo ... ..                                                                   | 5   | 1889     | F. J. HARPUR, 1885 ...<br>B.A., M.B., B.Ch., T.C.D.                                                          | 8            | 46                  | 24570                | 83               | 523         |                                                                                   |
| PALESTINE.                                                                     |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Gaza ... ..                                                                    | 6   | 1882     | Rev. R. STERLING, 1893 ...<br>B.A., M.B., B.S., Dur.                                                         | 10           | 150                 | 14328                |                  | 588         |                                                                                   |
| Nablus ... ..                                                                  | 7   | 1891     | GASKOIN WRIGHT, 1891 ...<br>M.R.C.S., L.R.C.P.                                                               | 8            |                     | 10113                | 865              | 304         | Temporary Hospital just opened.                                                   |
| Unlocated ... ..                                                               | 8   |          | S. CROPPER, 1894 ...<br>M.A., M.B., C.M., Cantab.                                                            |              |                     |                      |                  |             |                                                                                   |
| PERFIA.                                                                        |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Baghdad ... ..                                                                 | 9   | 1886     | H. M. SUTTON, 1886 ...<br>L.R.C.P., M.R.C.S.                                                                 | 2            | 30                  | 4622                 | 187              | 300         |                                                                                   |
| Julfa ... ..                                                                   | 10  | 1879     | D. CARR, 1893 ...<br>M.B., B.Ch., Cantab.                                                                    | 2            | 28                  | 13415                |                  | 145         |                                                                                   |
| PUNJAB.                                                                        |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Amritsar ... ..                                                                | 11  | 1881     | H. M. CLARK, 1881 ...<br>M.D., C.M., Edin.<br>A. LANKESTER, 1891 ...<br>M.B., Lond.                          | 18           | 368                 | 88961                |                  | 2457        |                                                                                   |
| Dera Ghazi Khan...                                                             | 12  | 1878     | A. JUKES, 1878 ...<br>M.R.C.S., L.R.C.P.<br>J. O. SUMMERHAYES, 1893 ...<br>M.R.C.S., L.R.C.P.                | 36           | 113                 | 42906                |                  | 520         | In-Patient Hospital not finished.                                                 |
| Bannu ... ..                                                                   | 13  | 1892     | T. PENNELL, 1892 ...<br>M.D., B.Sc., Lond.,<br>F.R.C.S., Eng.<br>W. F. ADAMS, 1893 ...<br>M.R.C.S., L.R.C.P. | 3            | 34                  | 9861                 | 255              | 86          |                                                                                   |
| Kashmir ... ..                                                                 | 14  | 1864     | A. NEVE, 1881 ...<br>F.R.C.S., Edin.<br>E. NEVE, 1886 ...<br>M.D., F.R.C.S., Edin.                           | *100         | 942                 | 22628                | 1200             | 2588        | * 30 beds are in the State Leper Hospital which is managed by the mission doctors |
| Quetta ... ..                                                                  | 15  | 1885     | S. W. SUTTON, 1885 ...<br>M.D., Lond.<br>M. EUSTACE, 1889 ...<br>M.D., Dub.                                  | 28           | 137                 | 8031                 |                  | 131         |                                                                                   |
| CHINA.                                                                         |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Itinerant Mission ...                                                          | 16  | 1890     | W. W. COLBORNE, 1890 ...<br>M.D., Lond.                                                                      |              |                     | 8000                 |                  |             |                                                                                   |
| Pakhoi ... ..                                                                  | 17  | 1886     | E. G. HORDER, 1883 ...<br>L.R.C.P., Edin.<br>L. G. HILL, 1894 ...<br>M.R.C.S., L.R.C.P.                      | 40           | 258                 | 9107                 | 86               | 265         | Also a Leper Hospital.                                                            |
| Fuh-Ning ... ..                                                                | 18  | 1878     | B. VAN S. TAYLOR, 1878 ...<br>M.B., C.M., Edin.                                                              | 58           | 607                 | 7029                 |                  |             |                                                                                   |
| Kien-Ning-Fu ... ..                                                            | 19  | 1889     | J. RIGG, 1878 ...<br>M.B., C.M., Edin.                                                                       | 45           | 332                 | 8352                 | 61               | 287         |                                                                                   |
| MID-CHINA.                                                                     |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Ningpo ... ..                                                                  | 20  | 1888     | R. SMYTH, 1893 ...<br>M.B., B.Ch., Dub.                                                                      | 35           | 233                 | 5376                 |                  | 115         | Figures for 1891.                                                                 |
| Hang-Chow...                                                                   | 21  | 1871     | D. DUNCAN MAIN, 1881 ...<br>M.B., Edin.<br>A. T. KEMBER, 1894 ...<br>L.R.C.S., L.R.C.P. Edin.                | 106          | 642                 | 35801                | 782              | 1057        | Also a Leper Hospital.                                                            |
| Tai-Chow ... ..                                                                | 22  | 1893     | H. HICKIN, 1887 ...<br>M.B., C.M., Glas.                                                                     |              |                     | 3644                 |                  |             |                                                                                   |
| NORTH PACIFIC.                                                                 |     |          |                                                                                                              |              |                     |                      |                  |             |                                                                                   |
| Metlakahtla...                                                                 | 23  | 1889     | VERNON ARDAGH, 1887 ...<br>L.R.C.P., L.R.C.S., Edin.                                                         | 10           | 25                  | 1880                 |                  |             |                                                                                   |
| There are also two Medical Missions in charge of Native Doctors, viz.:—Tank... |     |          |                                                                                                              | 16           | 165                 | 25620                | 163              | 1907        |                                                                                   |
| Salt ... .. Dr. SALEEBY ... ..                                                 |     |          |                                                                                                              |              |                     | 7369                 | 1793             | 21          |                                                                                   |
|                                                                                |     |          |                                                                                                              | 576          | 4317                | 368663               | 5480             | 11324       |                                                                                   |

## PROPER FORMS OF A BENEFACTION BY WILL.

### No. I.—*Form of a Bequest of a Common Legacy.*

I give and bequeath to the Treasurer for the time being of the Church Missionary Society for Africa and the East the sum of \_\_\_\_\_ Pounds *free of Legacy duty\** for the Medical Mission Fund of the said Society such sum and the duty thereon to be paid within \_\_\_\_\_ calendar months next after my death. And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Legacy.

### No. II.—*Form of Bequest of the Residue, or a Share of the Residue.*

I give and bequeath unto the Treasurer for the time being of the Church Missionary Society for Africa and the East for the Medical Mission Fund of the said Society *my Residuary Real and Personal Estate* [or if a share only of the Residue is intended to be given, then, instead of the words in Italics, say "such sum of money as shall be equal to one-fourth or one half (according to the intention) of my whole Residuary Real and Personal Estate."] And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Residue [or sum of money as the case may be]. And as to the remainder (if any) of my general Residuary Estate I bequeath the same, &c.

N.B.—If the Testator desires to preclude the liability to increased legacy duty which attaches by law to legacies payable wholly or partially out of real estate, the following forms should be used instead of the foregoing:—

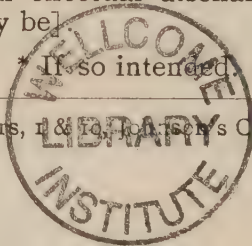
### No. IA.—*Form of a Bequest of a Common Legacy.*

I give and bequeath to the Treasurer for the time being of the Church Missionary Society for Africa and the East the sum of \_\_\_\_\_ Pounds *free of Legacy duty\** for the Medical Mission Fund of the Society such sum and the duty thereon to be paid within \_\_\_\_\_ calendar months next after my death out of my Residuary Personal Estate and (if and so far only as the same may be deficient) out of my Residuary Real Estate (so as between such Real and Personal Estate to be payable primarily out of such Personal Estate and for that purpose my debts and funeral and testamentary expenses shall if and so far as necessary be paid out of such real Estate). And I declare that the receipt of the Treasurer for the time being of the said Society [or each of the said Societies] shall be an effectual discharge for the said legacy [or legacies respectively].

### No. IIB.—*Form of Bequest of the Residue or a Share of the Residue.*

And subject as aforesaid I give and bequeath unto the Treasurer for the time being of the Church Missionary Society for Africa and the East for the Medical Mission Fund of the said Society *my Residuary Real and Personal Estate* [or if a share only of the Residue be intended to be given, then, instead of the words in Italics, say "such sum of money as shall be equal to one-fourth or one-half (according to the intention) of my whole Residuary Real and Personal Estate to be paid out of my Residuary Personal Estate] and (if and so far only as the same may be deficient) out of my Residuary Real Estate (so as between such Real and Personal Estate to be payable primarily out of such Personal Estate and for that purpose my debts and funeral and testamentary expenses shall if and so far as necessary be paid out of such real Estate)." And I declare that the receipt of the Treasurer for the time being of the said Society shall be an effectual discharge for the said Residue [or sum of money as the case may be].

\* If so intended.











Church Missionary Society

MEDICAL MISSION FUND.

---

THE

"CHILDREN'S PAGE"

---

OF THE

MEDICAL MISSION QUARTERLY,

OCTOBER, 1894.

---

London:

CHURCH MISSIONARY SOCIETY,

SALISBURY SQUARE, E.C.



